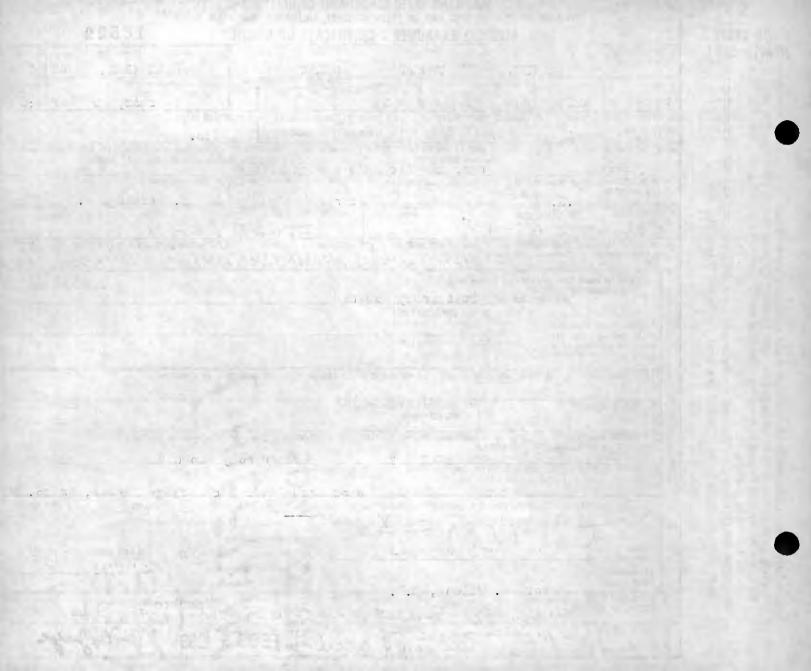
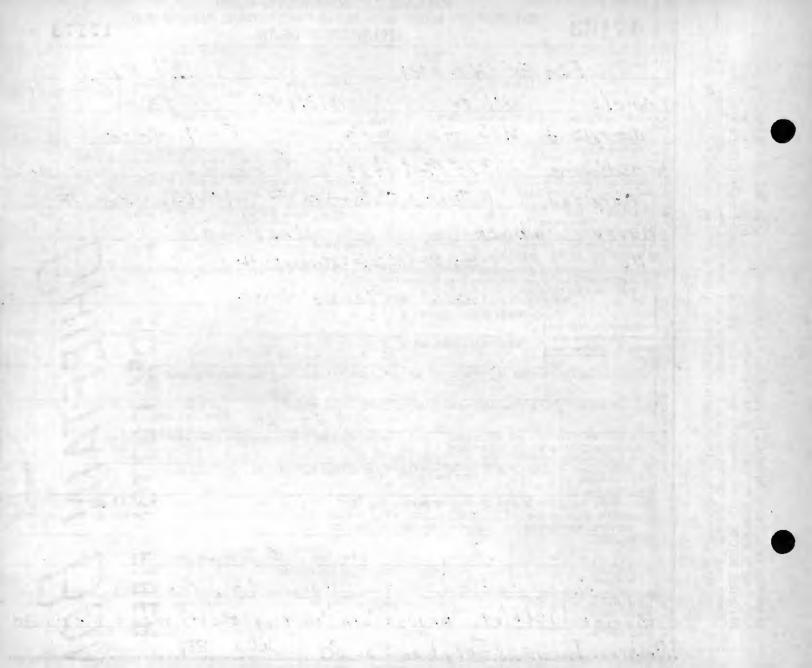
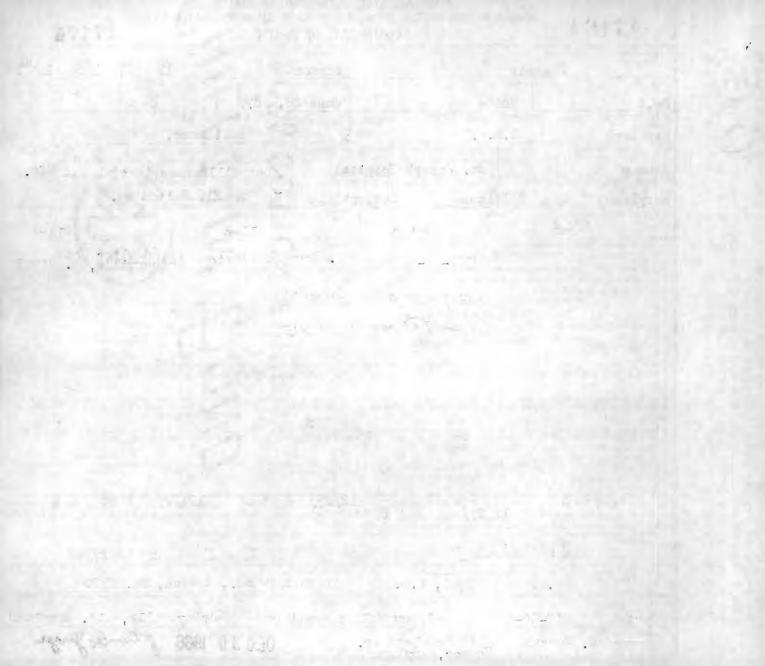


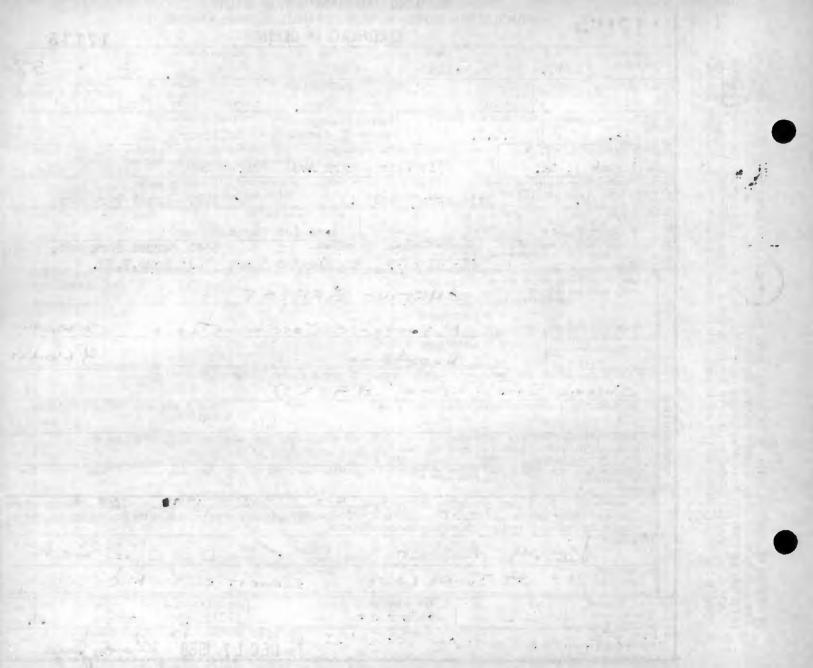
X 1 3	Ztem8 Fil	mGL109 2/21/69 1 DIVISION OF VITAL	NARYLAND STATE DE RÉCORDS, 301 W. PRESI	PARTMENT OF HEALTH I	Items14,15,16,17	823d FilmG409
FOR STATE				CERTIFICATE OF DEAT		29 2/24/09 8
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First	Middle	Lost	20. DATE KNOWN Month	Day Yeor 2b, HOUR
oy is 3 to Page ent of		DANIEL	THOMAS	NOLAN	DEATH MATED XX 12 3	1 168 ? M
delay and 3 M3. Pa	3. SEX	4. RACE S. DATE OF 8	BIRTH 6. AGE (In year least birthday	HS IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS M	ZL. DAIL I KONOUNCLU DLAD	2d. HOUR
	Male	White ARILL	2/19/7 2	RS.	February	9 <sup>Year</sup> 19 69 4:50p
F 50	70. BIRTHPLACE (Sto	te or foreign 7b. CITIZEN OF V			COUNTY OF DEATH	
ate for sea	10. CITY OR TOWN O	NAPOU!	NAME OF HOSPITAL OR INSTITUT	/IDOWED DIVORCED DIVORCED	Balto. L OCCUPATION (Kind of work done	Md.
hours after death.  Office along with form land 2 with the State See		nisa	e street address)	during mo	st of working life, even if retired 1	126. KIND OF BUSINESS OR INDUSTRY
Sive ng ng h th	Es s	NCE (Where deceased lived, if inst		River Neck Bridg		
18. Girls alang	odmission) STAT			Margate YES NO		Arra
hours of Item 18. Office old Tand 2 wi	14. FATHER'S NAME	First Thomas Mide	dle E'_ Lost		irst Middle	Lost
	18/4/6/4	44/18/ NOLA	N	BettyJoy	To Perry	
		VER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT //3/dy	MY Y D MULAY YOURESSA P/1/2	YT MPGIND US
	(Yes, no, or unkno	WIT) (If yes give war or dates of service	455-70 404	8 B/USIA/N/BUC	WANTAIN/NA45/	May Record
_ = = = =	18. CAUSE O	F DEATH (Enter only one couse per	line for (o), (b), and (c).)	*		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed rrd "pending" ir Chief Medical I -fransit permit (	PAKI I.		Presumably di	cowned		
f M f it bent ent	Condition if	OUE TO, Cony, which gove	OR AS A CONSEQUENCE OF			
	rise to imme	diote couse (o).	DO AT A CONCEOURNESS OF			
shauld be e te ward "per a the Chief? burial-transit	stating the u	nderlying cause DUE TO, C	DR AS A CONSEQUENCE OF			
the v the transfer that the transfer transfer that the transfer tr		SIGNIFICANT CONDITIONS CONTORN	UTING TO DEATH DUT NOT DELAT	ED TO THE TERMINAL DISEASE OR CONE	NITION COVER IN CAST 1/-)	
s certificate shauld s, writing the ward farwarded ta the Cl used as a burial-tr smaval, and in any		SIGNIFICANT CONDITIONS CONTRIBE	OTINO TO DEATH BUT NOT KEEN	ED TO THE TERMINAL DISEASE OF COME	THON GIVEN IN PART I(0)	
te, writin farward farward e used a remaval,	19a. DATE OF	OPERATION	19b. CONDITION FOR WHICH	OPERATION		20. AUTOPSY?
	DIFFE		WAS PERFORMED?			YES NO
Third Third Per or or			OF INJURY Month, Doy, Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, Ite	m 18.)
INER: To certificate the certificate should by files. 3 should Interpreted the should be should b	CAUSE OF DEA	TH ?	P.M. 2 2 19 2	Presuma	bly drowned	
	41	fortony affice build	(At hame, farm, street, ling, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
L EXA ecute Page ar yau R: Pagi	AT WORK	AT WORK Ly Water		near Back River	Neck Bridge Ess	
CAL Executor. Page ed far burial,		certify that I took charge of			Inspection [ ], Inquiry [	ond in my opinion
bicase established director.  Director.  State but to but	deoth 4	esulted from: Notural co	uses , Accident X	-	, Undetermined monner [	
please direct direct retaine DIREC	ACTUAL	Zens 1	NIL.	CHIEF MEDICAL EXA  M.D. ASSISTANT MEDICAL		ICMED
RAI pri	SIGNATURE .			DEPUTY MEDICAL EX	_	
O DEPUTY DICAL EXAM necessary, please execute if the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, cren	TYAME (Type		****	ADDDCCC Ctenat cit.		· · · · · · · · · · · · · · · · · · ·
necessary, please the funeral directions may be retained from the funeral directions may be retained from From From From From From From From F	236 BURIAL CREM. REMOVAL (Spe	ATION, 23b, DATE	Wilson M.D. 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City or Jown)	(County) (State)
	REMOVAL (Spe	(17) 13 July 196	9 SUNSET	MEMOTIAL	Symmathy	.PA
	24. FUNERAL DIREC	108 3 3/1 Cali	him filodoresset	. 2So. REC'D 8Y	REGISTRAR 25b. REGISTRAR'S S	IGNATUA
VR A15ME (5) 10M REV, 1/68	Howar	of Co. + Uper	1 Homeff. H	Walsh DATEED	1 0 1000	00



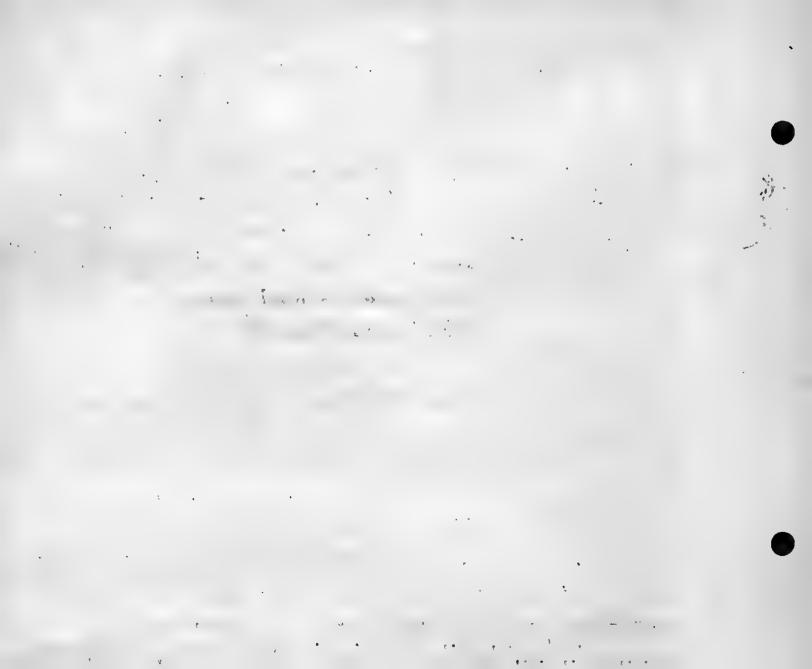




	165		CEI Middle	RTIFICATE OF DE		TE OF DEATH	1717	5 Jan 110110
1. DECEASED (Type or			FLOYD	OATES	2d. UA	Month Dec.	Day Year	26. HOUR_
3, SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
mal		white			8 1897	71 Y	RS.	HILL.
country)	E (Stote or foreign	7b. CITIZEN OF WI		MARRIED NEVER MARRIED  VIDOWED NOVER DIVORCED		of DEATH Cimore		M
	more 7, 1	divo s	three of Hospital or Institution of S517 Fore	TION (If not in hospital It	20. USUAL OCCUPA uring most of wor	TION (Kind of work do king life, even if retired	d.) 12b. KIND OF E	BUSINESS OR
3 (USUAL admission)		eased lived, if institut		alto.7		e STREET AND NUMBER	Park Ave	
14. FATHER'S		Middle	Last	15. MOTHER'S MAIDEN	NAME First	Middle		Lost
	Jean Oate				e Gardne			
Yes, no, o	EASED EVER IN U.S. A unknown) (If yes giv	ARMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT		5517 Forest		2,
no	TE OF DEATH /Fotos	anly and any a ti	R13 O1 4937 ne for (a), (b), and (c).)	Mrs Lorett	a Isnam	Baltimore	APPROXIM	WATE INTERVAL
10. CF	T I. DEATH WAS CAU	ISED BY:	EARDY	AC ARRE	57		BETWEEN ON	NSET AND DEATH
13	50 IMME		S A CONSEQUENCE OF					
Candit	ns, if any, which gav n mediate cause (a	re) .	Metast	atic Car	cinoma	tosis	2 ~	louths
stotine	nmediate cause (a he underlying cous	DUE TO, OR	S A CONSEQUENCE OF				11)	
<u>last</u> ,	550	(c)	Hapate			<del></del>	190	lonthi
				ELATED TO THE TERMINAL DIS	EASE OR CONDITION	GIVEN IN PART 1(a)		
NO 100 D	OF OPERATION 115		CH OPERATION WAS PERFO	H S C V Y	12	Ob. IF YES, WERE FINDING	CS CONSIDERED IN CE	PTICYING
19a. DA	UP OPERATION IN	DE CONDITION FOR WH	ICH OFEKATION WAS PERFO	YES T		AUSES OF DEATH?	G3 CONSIDERED IN CE	KIIFFING
21o. A	IDENT WAS UNDERL'	YING 21b. TIME OF	INJURY	21c. HOW INJURY OCCURRE		I injury in Port 1 or Part	t 2, Item 18.)	
₹ □ OR C	TRIBUTING CAUSE OF D , natify medical exa	DEATH HOUR A.M.	Month Day Year					
While at work	Nat while	ie. Place of injury	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.	) 21f. LOCATION Street or		City or Town	County	Stote
22a.	certify that (I) ( w the deceased uses stated abo	this haspital) attending and the anive anive (l) (we) (did)	ended the deceased	from 5-2 25, and that in (my) (of by ofter deoth.	, 19 <i>60</i> , to our) opinion de	ath accurred an the	19 <u>68</u> , that e date ond hour o	(I) (we) la and from th
22b. 51	IATURE Let	iv-thou	R-mp	DEGREE PHYS.	MED. DIRECTOR	STAFF D	22c. DATE SIGNED	58
				22e, ADDRESS			. \	
	'SICIAN'S ME (Type) 21 3	5. 57. 3	OHNS LAN	JE EI	LICOTT	2179- 1	40	



1	1	MARTLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•	L	CERTIFICATE OF DEATH
# _ 2·4		CEASED NAME First Middle Lost , 20. DATE OF DEATH 2b. HOUR
hours after death.  is by the funeral ists. Anous after death.	(1	100 or pnnt) Mary F. Swith Oberholser week Py 1968315PM
ar d	3 SE	A PACE   S DATE OF BIRTH   6 AGE ( D VEGIS   16 UNDER 1/4 AR ) 17 JHORE 24 MRS
office of the factor of the fa	"	A last buthday Montes Day's Haurs Min
S (	1-	
hour hour	raur	TOV & A A A A A A A A A A A A A A A A A A
within 24 hours after death lely filled is by the funeral ban papers. Pages 1 and 3, within 72 hours after death	L	VY: Var United Structs. WIDOWED DIVORCED JOURN MI
fulled paper thin 77	10. C	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most at warking life, even if retired.)  12 Living most at warking life, even if retired.)  12 Living most at warking life, even if retired.)
d with fetely arban nt, wit		1000-on The 100rd -Pratt Hosp House in House
red v		USUAL RESIDENCE (Where deceased lived, if institution. Residence before   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
A See Market	admi	SSIATE Ohio VAS COUNTY (Leveland Hots YES & NO 2933 Berkerine Rd.
TO E S	14. F	ATHER'S NAME First Middle Last , IS MOTHER'S MAIDEN NAME First Middle , Last
a a a a a a a a a a a a a a a a a a a		Arthur Boreman Smith Anne Gordon
2 8 E	16n	
S. — Ig	Y	WAS DECEASED EVER IN U. S. ARMED FORCES?  166 SOCIAL SECURITY NO 17 INFORMANT  17 INFORMANT  18 PORT 19 PORT 1
certific g physic Then plymay mayal,		ADDRAVIDLY BUTANT
e death ce attending permit Th		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  Or The country of the course per line for (a), (b), and (c))
he deatl s attendi permit Iton, ar r		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Orteris Aclerelia Wart disease
att on,		4/29 DUE TO, OR AS A CONSEQUENCE OF
t the sit protection		Canditions, if any! which gave tise to mined ate cause (a), (b) WCLINDMA Of WCLAST
by ha		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
es sicio		last. (c)
ATTENDING PHYSICIAN: The law requires that the death certificate be excided within 24 letained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled is should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within 72.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)
ng le ke	-	Chronic Bran Muchous T. 196 Choris
The law ratending attending has been se as the h priar ta	0.7	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
tre sas	[일	YES NO CAUSES OF DEATH?
ar of the transfer of the tran	CERTIFICAT.ON	21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
For all the Formal Hand		FOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year
YSICIAN: 1 aspital ar certificate hed for us	MEDICAL	(If either, natify medical examiner) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
PHY be general properties of the properties of t		While Not while Not while
<b>교</b> 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	1	of work — of work — I
Star be star b		22a. I certify that (1) (this haspital) attended the deceased from 2000 1, 1900, ta 1900, that (1) (we) last saw the deceased alive an 1900, 141, 1900, and that in (my) (aur) apinian death accurred an the date and have and from the
EN E		causes stated abave, (1) (we) (did) (did nat) view the bady after death.
Tip Diet		226, SIGNATURE 11 11 11 12 SIGNED, /
OR / be re be re olREC	1	MELEN MED DEGREE PHYS   MED DIRECTOR 12 STAFF   12-/14/68
	1	22d PHYSICIAN'S 12C 12A 2 22e ADDRASS , A 10 44-11
RAL Pe Pe		NAME (Type) W. W. E. O. n Shabland Prett Horb, known Wa
OSP 4 4 1	,	BURIAL CREMAT ON. 23b DATE 123c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to	230	hanne in the state of the state
5- 5		
VR A15 (4)	24.	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
30M REV 1/68		V.W. Wash. D.C. 20016



. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17177
HEALTH DEPT.		ECEASED NAME Type or Print)  Lost  V  20. DATE KNOWN Manth Doy Yeor 2b HOLR OF EST DEATH MATED  DEATH MATED  TO DEATH MATED  T
2, and 3 to	3 5	4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD loss birthdoy) MONTHS V DAYS MONTHS 2 DAY Year C 24 HOUR
3	7a	BIRTHPLACE Grote or foreign 76 CITIZEN OF WHAT COLNTRY) 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
Give Pages 1, and with form the State Duth.	ļ	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if pag' in hospital) 120 SMAL OCCUBATION (Kind of work done 12b KIND OF BUSINESS OR
after death 8 Give Pag alang with with the Sta		USUAL RES DENCE (Where develosed lived if institution) Residence before 137 CITY OR TOWN   13a, MSIDE (ITY UMITS? ) 13a, STREET AND NUMBER!   D.
5 00 E S 00 €	-	ATHER'S NAME A FIRST MIDDLE A LOST IS MOTHER'S MAIDEN MAME FIRST MIDDLE AND M
in Item 18 in Item 18 er's Office a ges land 2 w urs after ae		allen Gerig Vy Idatta Willings.
1 2 2 2 2		WAS DECEASED EVER IN U.S. ARMED FORCES?  (b) Def or unknown)  [If you grow was or doles of engine)  212-16-2579  [Inc. Grand Consequence of the co
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)
be execut "pending" nief Medico prisit permi		Conditions, Tony, Which gove ) DUE TO, OR AS A CONSEQUENCE OF My cardical Infrattory old -8 10 4x
		tise to immediate couse (a)  Stoting the underlying couse   OUE TO, OR AS A EUNSEQUENCE OF  OUE TO COURSE TO THE Carded Vacantial (1)  OUT TO COURSE TO THE Carded Vacantial (1)
certificate shauld writing the ward rwarded ta the C ssed as a burial-tr naval, and in any	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GIVEN IN PART 1(0)
This certificate, writing be farward to be be farward or removal,	CERTIFICAT ON	196. CONDITION FOR WHICH OPERATION  20. AUTOPSY?  YES NO X
INER: The certificate certificate should be files.		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 19 CAUSE OF DEATH 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
<b>₹</b> ‡ 4 ≥ 9 ;	MEDICAL	CAUSE OF DEATH P.M. 19 21d Inc. JRY OCCURRED 2te P.ACE OF INJURY (At hame form street willies at work
F P P P P P P P P P P P P P P P P P P P		220 I certify that I took charge of the remains described above, held an Autopsy Inspect on I Inquiry ond in my opinion
Se sector med med a bit		deoth resulted from Notural couses . Accident . Suicide . Homicide . Undetermined monner .
TY SIC.  y, please eral director per retained  (AL DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNED / CONSTRUCTION OF SIGNED
UTY DIY, neral be Be RAL		SIGNATURE 12/74/68
ro DEPUTY DICA necessary, please extremed director. 5 may be retained to FUNERAL DIRECT. Health prior to bu		EXAMINER'S NAME (Type)  F. T. ASTA DEPOSIT MEDICAL EXAMINER (A)  ADDRESS(Street, c ty town, or county)
01 HH 20 HH	230	BURIA. CREMATION REMOVA. (Specify) Burial  23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial  Baltimore, Md.
	24.	FUNERAL D RECTOR Chimunek Funeral Home, Inc.  ADDRESS  250 REC D BY REGISTRAR 255 REGISTRAR 5 SIGNATURE  OF C. 2 4 1968
VR A15ME (5)		3331 Brehms Lane DAIE UE U 2 4 1968 foliantes Judge
W)		



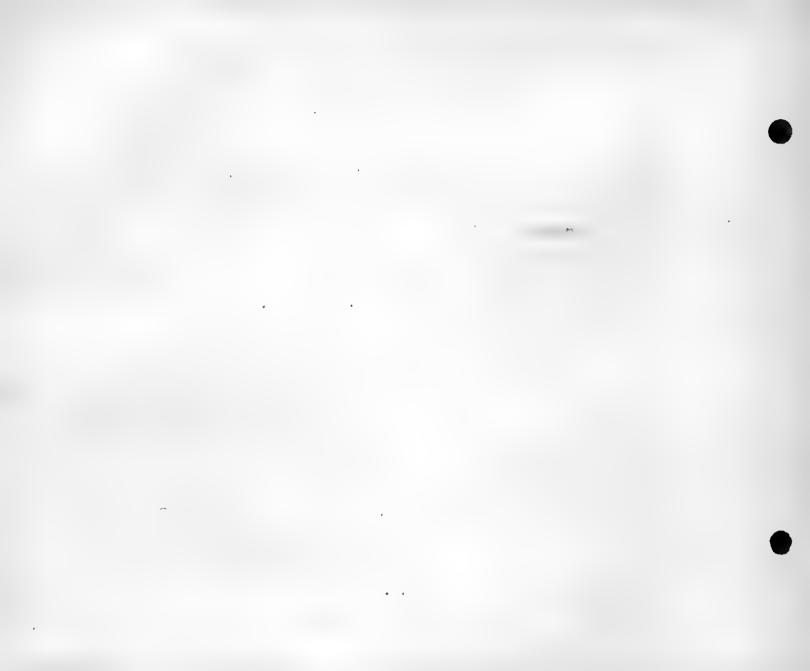
<b>1</b> 0	7	i			ND STATE DEPARTMENT OF		
1			10109	DIVISION OF VITAL RELOKD	S, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	17178
1/2 012		1 0	ECEASED NAME First	Middle	Last	2g. DATE OF DEATH	1 1 1. ( O
urs after death.  by the funeral Pages 1 and 2			Ype or print)			Month Day	Year.
fum loler d		3. 5		4. RACE	OCHSENKTET.  S DATE OF BIRTH	DECEMBER 30,	1968 9:00p M
affre affre ges	_		MALE	WHITE	10/16/94	last bythday)	MONTHS DAYS HOURS MIN
by 1	27	To		b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9. COUNTY OF DEATH	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death he haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please remaye condon papers. Pages 1 and 2 Dept. at Health priar to burial, crematian, ar removal, and in any event, within 12 hours, after death	25	tou	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md
nin 24 filled filled filled filled	**************************************	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 12a USU	AL OCCUPATION (Kind of work dane	126 KIND OF BUSINESS OR
uted within	. *	L	FORT HOWARD	g ve street oddress) VETERANS AD	MIN. HOSPITAL SELF	ast of work no life, even if retired ) -EMPLOYED	GROCERY
Pa ( je		13a. adm	USUAL RESIDENCE (Where deceased ission) STATE	ved, if institution. Residence befor 136 COUNTY	e 13c, CITY OR TOWN 13d INSIDE CITY I	MITS? 13e STREET AND NUMBER	
0 0 0	-		MARYIAND	V	HALITIMORES	°□ 1840 W. FATR	MOUNT
e exectand contrained in any (	1	14	FATHER S NAME First	M ddle Last	15 MOTHER'S MAIDEN NAME	irst Middle	Last
equires that the death certificate be exec physician. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar removal, and in any			BERNARD			GINA	SIEIDLE
rcate rsicie plec		160	WAS DECEASED EVER IN U.S. ARMED (es, na, ar unknawn) (fyes give work	or dates of services		Address	
phy en ova			YES WW		1 45 CLINICAL RECOR	DS, VAH, FT. HOWA	RD, MD.
ing ing			TB. CAUSE OF DEATH (Enter only PART 1 DEATH WAS CAUSED I	one cause per line far (a), (b) and (			AFEROXIMATE THEE VAL BETWEEN ONSET AND DEATH
dect rend mit. ar			IMMEDIATE	CAUSE (0) BRONCHOPNI	SUMONIA		RECENT
ne c	4		473 C	DUE TO, OR AS A CONSEQUENCE C	DF .		
the the mail			Canditions, if any, which gove a rise to immediate couse (a).	(b)			
Grand B. H. Creater Strain B. H. Creater B. H. Crea			stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	OF .		
ysici ned rial.			lost 491 X	(c)			
asign physical spiral s			PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART I(a)	O TEMP
law te nding been s the		No.			WITH CONGESTIVE FA		
JING PHYSICIAN: The law requires the by the haspital ar attending physician. Her this certificate has been signed by be defached far use as the burral-traisstate Dept. af Health priar to burral, cre	,	CERTIFICATION	19a, DATE OF OPERATION 19b, CO	NOTION FOR WHICH OPERATION WAS		CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
TT	- 1	ERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	YES K NO	r nature of injury in Port 1 or Port 2,	10.10
YSICIAN: aspital ar certificate thed far united far us			OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yes	or Town injust occurred (enter	r nature at injury in Port 1 or Port 2,	Item 18)
rspiraspiraspiraspiraspiraspiraspiraspir		MEDICAL	(If either, natify medical exominer 21d. (NJURY OCCURRED 21e. PL		19   PACTORY   21f LOCATION Street or R.F.D. No.	<i>fig.</i> Y	C m
PHY e h his stad Dep			While Not while at wark	ACE OF INJURY (AT HOME, FARM, STREET I	211 LOCATION STIEGE OF R.F.D. NO	City or Yown	County State
NG Y th			22a certify that At (this	hospital) attended the decay	sed from DEC 30 196	8 to DEC 20 10	6B that #() (wa) last
d by			sow the deceased aliv	e on DEC 30	sed from <b>DEC 30</b> , 196 (1968) and that in (369) (our) ope	nion death occurred on the da	te and bour and from the
ATTENDING efained by th CTOR: After t shauld be de			causes stoted above,	(we) (aid) (distribution the	e bady after deoth		
refired with with			22b. SIGNATURE		ATTENDING A	AED STAFF	DATE SIGNED
be be				er m.D.		NED STAFF IRECTOR PHYS	12/31/68
RAI RAI	1		22d PHYSICIANS NAME (Type) INFAM A	ORER, M. D.	22e ADDRESS	HOWARD, MD.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar to	1	230	BURIAL CREMATION 23b DA	F 122, NAME O	F CEMETERY OR CREMATORY		(form)
Pag dire		230	DE 44 miller (m. T.)	- 10	OOD CEMETERY	23d LOCAT ON (City or Town)  BALTTMORE, MD	(County) (State)
===	1	24	FUNERAL-DIRECTOR+ CL.	rieler ADDRES	S 250 RECUB	Y REGISTRAR 2Sb. REGISTRAR S	SIGNATURE
VR A15 45M - V	88		GEORGE L. SCHWAI	3. 2101 Frederic	k Ave., Balto MAN	2 1969 Pelian	la Judge
	1)01	<b>—</b>	10000776 11040		Md.		0-0-

. . . . . . . . ...

16		tems 1,16 & 17 1/3/69 kk	DIVISION OF VITAL RECORD		ALTIMORE, MARYLAND 21201	17179
Jan 1911		117618	3	CERTIFICATE OF DEAT	H	
death.		DECEASED-NAME First (Type or print)	Emelia Midde	lost	20. DATE OF DEATH December Month 29 December 20 December 29 December 20 Decemb	2b HOUR
after death he funeral ges 1 and : after death	3	MARIE MARIE	4. RACE	OLDEWURTEL		
Heurs after fundamental formula formul	1	Female	White	S DATE OF BIRTH	890 AGE (In years last bythday)	MONTHS DAYS HOURS MIN
ans and a series	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED (X)	9. COUNTY OF DEATH	
	CÓI	ntry) aryland	USA	MIDOMED DIVORCED DC	Baltimore	hi
		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR		USUAL OCCUPAT ON (Kind of work done	
within tely the party party is within	L	Towson	give street oddress) St. Joseph	s nospital	g most of working life, even if retired.)	INDUSTRY
	odr Odr	USLAL RESIDENCE (Where deceose ussion) STATE aryland	d lived, if institut on Residence before 3b. COUNTY	Baltimore YES	13e STREET AND NUMBER  NO 6026 Loch Ray	ren Blvd.
execution to the community of the commun	14	FATHER'S NAME First	Middle Lost	15 MOTHERS MAIDEN NAM	AE First M+ddle	Lost
n a Se r	L	Henry Oldewur		Ursula I		
PHYSICIAN: The law requires that the death certificate be e haspital ar attending physician. This certificate has been signed by the attending physician a stacked far use as the burial-transit permit. Then please to Dept. af Health priar to burial, crematian, ar remayal, and in	160	WAS DECEASED EVER IN U.S. ARM Yes, no, of the known) (It yes give wo	ED FORCES?  If or dates of service)  16b SOCIAL SECURIT		ert swurtel 6026 Loch	Raven Blvd.
ing in	Г	18. CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (	())		APPRÒXIMATE INTERVAL BETWEEN DISET AND DEATH
death rend mit.	L	PART I DEATH WAS CAUSED MINIEDIA	TE CAUSE (0) _ Congestiv	e Heart Failure		
he at per tian		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE C			
y th y th insit	П	nse to immediate couse (a).	(b) Cerebrial va	scular episode-pro	obably thrombosis	
The law requires that attending physician, has been signed by se as the burial-trath priar to burial, cre		stating the underlying couse lost.	(c)	r		
quir phys signe ourio		PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(o)	
ing ing een te	l ×	-				
The law ratending has been se as the	CERTIFICATION	190. DATE OF OPERATION 96 C	ONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
IAN: The rafficate ha far use far use Health g	ENTE	210 ACCIDENT WAS UNDERLYING	OSL TIME OF HILLIPIA		' lxd	
tal c		DR CONTRIBUTING CAUSE DE DEATH	HOUR A.M. Month Doy Yes	or .	Enter noture of injury in Port 1 or Port 2,	Item 18.)
PHYSICIA ne haspital this certifica etached fa Dept. af H	MEDICAL	(If either, notify medical examination 21d INJURY OCCURRED 21e (		19 ACTORY,) 21f. LOCATION Street or RFD	No. City or Town	County State
DING PHYSICIAN: I by the haspital ar After this certificate I be detached far u State Dept. af Heal		at work of work				,
by 1 ffter ffter Stat		22a I certify that (I) (Chic	XII6X(XIXI) attended the decea	sed from 12-1- 1	968 , to 12-29 , 19 apinian death accurred on the d	68 , that (I) (%) las
		causes stated above.	(I) (we) (did) (did nat) view the	. 19 DO, and that in (my) <b>(565).</b> Ebody after death.	apinian death accurred an the d	ate and hour and from the
AT refail	ı	226 SIGNATURE	1 / /		221	DATE SIGNED
OR be r DIRE	Н	Teren !	Guille 111	DEGREE PHYS	MED STAFF DIRECTOR PHYS. D 12	2-29-68
PITAI may RAL Pa		22d. PHYSIGIANS NAME (DYP), Elfrei	n Quitiquit	22e, ADDRESS 7620 Yorl	Rd., Towson, Md.	21204
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certification and director, page 3 should be detached is should be filed with the State Dept. of	230		ATE Z3c. NAME O	CEMETERY OR CREMATORY Redeemer	23d. IOCATION (City or Town) Baltimore Maryl	
14		FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 25b REGISTRAR	
45M 1 89	L	eonard J. Ruck	Inc. 5305 Harford	Road 21214	30 1000 many	les Inder :



. 1	1		DIVISION OF V	/ITAL PECODOS	301 W. PRESTON STR	LIVI OF HEALIN	MADVIAND GTOOT		
	L	1010	(1)		CERTIFICATE OF I		MAKTLAND 21201	171	80
- 8-	1 /	ECEASED NAME Fig.		Middle					
death neral and 2		Turn or mount!		J	Lost		TE OF DEATH Month	Day Yes	26. HOUR
مرد و م	3 5		lilah	U	Osborne		1~	7 00	8 <sup>JO</sup> AM
f Tab	1		4. RACE		5 DATE OF BIR		6. AGE (In years	IF UNDER YEAR	IF UNDER 24 HRS. HOURS MIN
Page 4		emale BIRTHPLACE (State or Foreign	White			2, 1900	lost birthday)	RS	77 OSKS
binG PHYSICIAN: The law requires that the death certificate be excured within 24 hours after death by the haspital ar attending physician.  After this certificate has been signed by the attending phys.cian and campletely filled in by the funeral be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death	cau	etry)	7b. CITIZEN OF WHA		8 MARRIED NEVER MARR		Y OF DEATH		
24 ape		Taryland OTY OR TOWN OF DEATH	U.S.A	•	WIDOWED DIVORC	ED Bal	timore,		Md.
看 <u>雷</u> 看。			II NAA	AL OF HOSPITAL OR IN reet address)	STATUTION (If nat in haspital	12a. JSJA. OCCJPA	TON (Kind of wark do	ne 126 KIND OF 1NDUSTRY	BUSINESS OR
T bal	10	owson	S	eet address) T. JOSEPH	HOSPITAL	Homemak	king life, even if retired <b>O</b> P	1) INDUSTRE	
1000000	odg	USUAL RES DENCE (Where dece	ased lived, if institution	n Residence before		3d HNSIDE CITY L MITS? [13	e STREET AND NUMBER		
		laryland	_ V				514 Sagra I	'd., #12	
The faw requires that the death certificate be extrared within attending physician. has been signed by the attending phys.cian and campletely fill se as the burial-transit permit. Then please remove-earban physician to burial, cremation, ar removal, and in any event, within the priar to burial, cremation, ar removal, and in any event,	14	FATHER'S NAME First	Middle	Lost	15 MOTHER'S MAI		Middle		Lost
an constant		William	H. Mi			Liz	etta	Baublit	1 <b>Z</b>
s,cir plec 1, ar	160	WAS DECEASED EVER IN U.S. AI (es, no ar unknown) (If yes give		66 SOCIAL SECURITY			Address		
phy en avo				061 09 68		C. Hah	n 5514 Sag	-	
1 2 1 2 E		18. CAUSE OF DEATH (Enter of	only one couse per line	far (o) (b), and (c)	)			APPROX I	MATE INTERVAL INSER AND DEATH
eatl endi nit. ar r		PART I DEATH WAS CAUS	ED BY: NATE CAUSE (o)L	obar Pneu	monia, Left I	ung.			THE RIP VINIO
ath ath an,		40/X	DUE TO, OR AS	A CONSEQUENCE OF					
at a state of the		Conditions, if any, which gave rise to immediate couse (a),	(b)						
tha by ran ren		stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF			· ·		
res sici		last.	(c)						
The faw requires the attending physician, has been signed by se as the burial-trail he priar ta burial, cre	L	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART 1(a)	·	
IAN: The law re rail ar attending ficate has been sfar use as the far use at the Health priar tak	×	11							
favend favend speed spee	CENTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED 200, AUTOPS	Y? 20	b. IF YES, WERE FINDING	S CONSIDERED IN CO	ERTIFYING
at p se t	E				YES 🗀	NO 🖂 CA	USES OF DEATH?		
In ar ate		210 ACCIDENT WAS UNDERLY	NG 21b TIME OF I		21c HOW INJURY OCCU	RRED (Enter noture of	injury in Port 1 or Port	2, Item 18)	
音音音	MEDICAL	GR CONTRIBUTING CALSE OF DEA	ATH HOUR A.M. niner) P.M.	Month Doy Year					
PHYSICIAN: ne haspital ar his certificate etached far u Dept. af Heal	M	21d INJURY OCCURRED 21d	PLACE OF INJURY (A	HOME FARM, STREET FAC	TORY ) 21f LOCATION Street	ar R F D No.	City or Tawn	County	Stote
the the detdetdetdetdetdetdetdetdetdetdetdetdetd		While Not while of work	(0	NACE BOLONG EIC					
JING by 1 ffer be c State		220 I certify that (A) (t	his haspital) atten	ded the decease	ed from 11-20-	, 19_68_, ta	12-9-	19.68 . that	M (we) last
N A P P P P P P P P P P P P P P P P P P		220 I certify that (A) (the saw the deceased causes stated above	alive on 12=9.	]	9. <b>68</b> _, and that in (my)	(our) apınian dea	th occurred on the	date and hour	and from the
OR ATTENDING be retained by th SIRECTOR: After t e 3 should be de and with the State		22b SIGNATURE	e, (r) (we) (did) (d	g nat) view the	bady after death.				
OR A		228 SIGNATURE	11 Lugar	11 1	DEGREE PHYS	MED DIRECTOR	STAFF STAFF	2c DATE SIGNED	
	L	22d PHYSICAN'S	III Dawn	106.1			STAFF TO 1	.2-9-1968	
RAI PPE PE		ALADEP CF5	stina Feli	ciano M	n 22e ADDRE 7620	York Rd	Towson, Md	27.20/	
Page 4 may be retained by the haspital ar  TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt	22.0		DATE DATE		CEMETERY OR CREMATORY				
B S S S S S S S S S S S S S S S S S S S	230.			ZSC NAME OF			ATION (City or Town)	(County)	(Stote)
(A.V.	24	FUNERA, DIRECTOR	12/12/1968	ADDRESS	EUB Cemetery	So REC'D BY REGISTRA	er Station R 25b REGISTRAI	Carroll	Md.
VR A15 (3)		tchell Wiedefe	ald Home 6			DATE DEC 13	toco REGISTRAI	ionla Ju	1.00
() () ()	A 44		1191110 0	700 =011	1	DAIL DEC TO	1300 1	COPYED YM	-



	a for the things		ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BA		
	17171	DIVIDION OF PHAL RECORD.	CERTIFICATE OF DEATI		17181
1	. DECEASED NAME Firs	t Middle	Last	2a. DATE OF DEATH	2b. HOUR
L	(Type or print) Pearl	Newell	Osgood	Dec Month 6 Da	1968 M
3	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF JINDER 24 HRS. MONTHS DAYS HOURS MIN
Ĵ	Fernale	White	1-1-188		Manual 100 100 100 100 100 100 100 100 100 10
,	o. BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	Monte Video, D	akota USA	WIDOWED X DIVORCED	Baltimore	Md.
į	O. CITY OR TOWN OF DEATH	13. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kind of work done Amostrof working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
	Baltimore	gradus Biom	pton Road		
0	da. USUAL RESIDENCE (Where deceded deceded deceded) STATE	ised lived, if institution. Residence befor 13b. COUNTY Baltimore	Balto YES	NO図 7303 Bromp	oton Dd #7
	4. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM		Last
ľ				Unknown	FG2I
h	James 160 WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECURIT	vvell   YNO.   17 INFORMANT	Address	
	Yes, na, ar unknown) (IF yes give	war or dates of service) NONE		d-7303 Brompton	Road #7
	IB. CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (			APPROXIMATE INTERVAL BETWEEN CINSET AND GEATH
	PART I DEATH WAS CAUS	ED BY NATE CAUSE (a) ATHERO	SCLEROTIC H	EART DISCHARE	1. Mean
ı	4. / 1	DUE TO, OR AS A CONSEQUENCE C	* *		
ı	Canditians, if any, which gave	1 COKA	WAXY SCLEKE	25/5	PYEAKS
Т	rise to Immediate cause (a), stating the underlying cause				
ı	last.	(c)			
l	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	8 7 ···	NOI	YE		
	19a. DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	190, DATE OF OPERATION 191	MC LOSE THAT OF INDIANA			In 10.5
		ATH HOUR A.M Manth Day Yes		nter nature of injury in Part 1 ar Part 2,	, ITEM 18 )
	G (If either, natify medical exam	PLACE OF INDIDA NAT HOME FARM STORES	19 SECTORY 1 216 LOCATION Street or P.E.D.	Na. City ar Tawn	County State
	While Nat while at wark	OFFICE BUILDING ETC	ACTORY.) 21f. LOCATION Street or R.F.D.	tive tily di Idwil	County alone
	220. certify that (1) (t	his hamital) attended the deced	sed from 5-12	955 to 12 ~ 6	that (1) (well last
	saw the deceased	alive an 11- 28	sed from 5 / 1 , 1'	opinian death accurred an the d	ate and haur and from the
ı		re, (I) (we) (did) (did not) view th	e bady after death.		
۱	22b. SIGNATURE	Cohle	M. P. ATTENDING D	-MED CTAFF	DATE SIGNED
	22d. PHYSICIAN'S	1 Journan	1 (11)	DIRECTOR L PHYS. L /	2-6-68 2/207
	NAME (Type)		22e. ADDRESS	GWYMY BAK A	VE. BALTO, MA
	3g. BURIAL, CREMATION, 23b.	DATE 23c. NAME C	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
ľ	DEMOVAL (Co. a. (C.)		lawn Gemetery	Baltimore, Mar	1 17
	24. FUNERAL DIRECTOR	ADDRE	SS 2Sa. REC	D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
	llsworth Arma	cost-4600 Liberty	Hghts.Ave. DATE	DEC 1 2 1968 PCL	ionly Judge



MAKYLAND STATE DEPAKIMENT OF HEALTH



	D		301 W. PRESTON STREET, BAL		
L	17173		CERTIFICATE OF DEATH		17183
1	DECEASED-NAME First (Type or print)	Middle	last	2a. DATE OF DEATH Month D	ay So Year CO = SO A
2	SEX Will	iam	PALLME	12	722 68 5:00 M
13.			5. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IS UNDER 24 MRS. MONTHS DAYS HOURS MIN.
70	Male  BIRTHPLACE (State or foreign 7)	CITIZEN OF WHAT COUNTRY?	6/12/68  8 MARRIED □ NEVER MARRIED □	9 COUNTY OF DEATH	6 10
((	Virginia	U.S.A.	WIDOWED DIVORCED	Baltimore	Laa
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	THEUTION (If not in hospital 12a US	JAL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR
L	Owings Mills,	give street address) Rosewood Sta	te Hospital	mast of working life, even if ret red )  Dependent	none
13 ad	a LSUAL RESIDENCE (Where deceased Imission) STATE Maryland	liver if institution: Posidonce before	134 CITY OF TOWN 124 INCIDE CITY	13e STREET AND NUMBER 6508 81st	St.,
14	. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
L	Robert	Crosett PAL		Kari Ruth	KRISTOFFERSEN
10	Sa. WAS DECEASED EVER IN U.S. ARMED Yes, na, ar unknawn) (If yes give wor o	FORCES? 16b. SOCIAL SECURITY N		Address	
-				rds. Owings Mill:	S. Md.
	PART I DEATH WAS CAUSED B	one couse per line for (a), (b), and (c). Y:	11.0 . 10	Llumb, -	BETWEEN ONSET AND DEATH
ı	1410 IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	Andre Captalus	L bankara	
ı	Canditians, if any, which gave	(b) had a low For	uliela coel		Jougen Lab
ı	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1 0:1		
	last, 75/2	(1) Menusojo	ause phalitis		Days.
ı	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTR BUTING TO DEATH BUT NO	OT KELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN FART I(a)	Y
30	19g. DATE OF OPERATION 19b. COM	1 2 2 W Send O	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONCIDENTAL CENTRALING
CODT SICAT ON	2 Transfer of Organics	OLUDIALOK HIBER ALEKAROM MATTE	YES X NO	CALIFEE OF DEATING	CONSIDERED IN CERTIFIING
		21b. TIME OF INJURY		er nature of injury in Part 1 or Part 2	, Item 18.)
MENICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Month Day Year P.M. 19			
AME	While I Not while I	ACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY ) 21f. LOCATION Street at R.F.D. N	a. Eity ar Tawn	County State
	at wark at wark	hannian)) akan dada khandara	16 30/27//9 10	1- 30/00 1	0.60 11.60 1.31
	sow the decrased alive	an 12/2/ J	ed from 10/23/68 , 19 9 68 and that in (my) (our) ap	Dinion death accurred on the c	y, that (I) (we) last late and hour and tram the
ı	causes stated above (	(we) (did) (did not) view the l	bady after death		
ŀ	22b. SIGNATURE -	1 / X/-	DEGREE PHYS	AACO CTACC - I	DATE SIGNED
	ZN-PHYSICIAN'S	- Contone	DEGREE PHYS. L.	DIRECTOR LJ PHYS EU /	2-2368
	NAME (Type) Richard	A. Jones M.D.		d State Hosp.	
23	a. BURIA CREMATION, 23b DAT	1 1 1 1 1	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		26-68 VIII	neoln Genelow	Clarlande	ng med.
24	FUNERAL DIRECTOR	ADDRESS	WASH-DC DATE DE	TREGISTRAR 25b REG STRAR 2016	SCIENATURE
_	V. W. GUWIN	July CE, 1 July	U. L. DATE UE	OUT 1000 Km	The state of the s

; ....

~

. . .

\*\*

.

_ 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	W 4 5 4
		GLADYS N.M.1 CERTIFICATE OF DEATH	7184
act of the second		DECEASED NAME First Middle Lost 2a. DATE OF DEATH Type ar print)  GLADYS NMI PALMER  12 15	Yeor 320 P M
y the was Pages Purs after o	3. SI		IDER 1 YEAR IF UNDER 24 HRS.
uted within 24 hours after, impletely filled in by the by carbon papers. Pages event, within 72 hours after	7a. (our	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED PACTO	Md. S
rithin 24 h Iy filled in an papers within 72 h	10 (		EL KIND OF BUSINESS OR NDUSTRY
campletely fi		USUAL RESIDENCE (Where deceased lived, if Institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY EMITS? 13e STREET AND NUMBER 13b. COUNTY BALTO, 13c. CITY OR TOWN 15ATE 13b. COUNTY BALTO, 13c. CITY EMITS? 13e STREET AND NUMBER 13b. COUNTY BALTO, 13c. CITY EMITS?	y RD
and co	14. 1	FATHERS NAME First Middle Last 15. MOTHERS MAIDEN NAME First Conic Middle Thomas MARSH Water	Gelly
ano ano	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown (fives give wor or dates of service)  135-38-2612  TOHN PALMEY 6800 LIBE	rTy 20.
JING PHYSICIAN: The law requires that the death certific by the hospital ar attending physician. After this certificate has been signed by the attending physical be detached far use as the burial-transit-permit. Then be state Dept. of Health priar to burial, crematian, or remaval.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Pulsus users  Zer 6-0 Li	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH  144 Stout a Rein.
equires that the death physician. signed by the attendi burial-trańsit-permit. burial, crematian, or		Conditions, it only, which gove)  DUE TO, OR AS ACONSEQUENCE OF French Therewallo plule bit's	2 months
equires that physician. signed by f burial-trans		rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last / / 4 (c) C. A. of Ween and the couse of	1/2 years
4: The law requires the ar attending physician. Ite has been signed by use as the burial-traisalth priar to burial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AN: The law r al or affending icate has been for use as the Health priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER YES NO (CAUSES OF DEATH?	ERED IN CERTIFYING
IAN: Toll ar of ficate by far us			18)
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital ar affending DIRECTOR: After this certificate has been if 3 should be detached for use as the ed with the State Dept. of Health priar to	MEDICAL	White Not while (OFFICE BUILDING ETC)	unty Stote
DING I by the After if I be de		22a   certify that (1) (this haspital) attended the deceased from 12-13-, 1968, ta 12-15, 1968 saw the deceased glive on 12-15-1968, and that in (my) (aur) opinion death accurred an the date at	_, that (I) (we) last
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22c. DATE:	SIGNED _
ay be ray bage 3 page 3 filed v		22d. PHYSICIAN'S  22e. ADDRESS  22e. ADDRESS	-15-68
ro Hospital Page 4 may ro Funeral I director, pag shauld be fill	230		ounty) (Stote)
Page 10 Fi		REMOVAL (Specify) / 12-19-68 St. Gertaude  FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25b REGISTRARS SIGNI	idge N.J.
VR A15 (4) 30M REV. 1/68		ONNE Byers 8728 LIBERTY RO. DATE DEC 17 1968 golon	les Judge



		- 1	MARILAND STATE DEFARIMENT OF HEALTH	
Tie		_	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		- 1	17 70 CERTIFICATE OF DEATH	
1-4- =	~	- 1	1 DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HG	۵۱۵۰
する	a a de		(Type or print) RUDOLPH FRANK PARIZEIL DEC Month 27 1968 3	3
de	funeral Tand S			PM
Te.	子ご輩		3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years I I UNDER I YEAR ) IF JNORR 24	HRS.
95	ages I and rs after death		MALE WHITE JULY 2, 1920 Last birthday) YRS MONTHS DAYS HOURS	WIN
- Si	by the factors of the		70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	
7	9 5.E	1	country)	
24	in the second			Md.
· <u>=</u>	SE SE		10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF BUSI	R
#	-≥ 0 3	1	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  BALTIME RE  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  DRINTING  110 LIND OF BUSINESS OF BUSINESS OF WORKING LIFE, even if retired)  110 LIND STRY  111 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  BALTIME RE  112 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  113 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol  BALTIME RE  114 LIND STRY  115 LIND OF BUSINESS OF WORKING LIFE  115 LIND STRY  116 LIND STRY  117 LIND STRY  118 LIND STRY  118 LIND STRY  119 LIND STRY  110 LIND	
7	completely ave carbo y event, w		130. JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER BOD Air Press	_
r e	omplete ve carl event,	,	Odmission) STATE.MD 136. COUNTY BALTO BALTO BALTO BALTO BESSET AND NOW BOTH VIEW BO	
(ec)	ind compremate in all years	·		,
6	cian and co		14. FATHER'S MAIDEN NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
Ď.	g ag E		KUDOLPH PARIZEK BERTHA SLAUNIK	
ate	sician please , md i		160, WAS DECEASED EVER IN U.S. ARMED FORCES? 116b, SOCIAL SECURITY NO. 137 INFORMANT	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	physician en please oval, mad	- 1	Yes, no. or unknown) (Il yes give wer or dotes of service) 214-16-3557 MARY E. PARIZEK 8236 NERTHULEW RD.	
E E	ding phy . Then remova		APPROXIMATE INTERVAL	
4	Le I		10. CAUSE OF DEATH (EITHER ONLY ONE COUSE DET LINE DATE), ID), OND [C]	Н
eat	등 등 등	- 1	PART I DEATH WAS CAUSED BY. CARCING MA OF CARRAINE PORTION	
-	affend permit. ian, ar r		DUE TO, OR AS A CONSEQUENCE OF	
Ę	et it		Conditions, if any, which gave) to of Stomach + Lower end of	
to t	Insimi		rise to immediate couse (a),	
÷ [	priat of attending prysitian. rtificate has been signed by the attending ad far use as the burial-transit permit. Th af Health priar to burial, cre≡atian, ar remo			
<u> </u>	ysid in line		Confidence Confidence	
<u> </u>	F 돌일		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2 0	en de to	_	= 150 X	
Ş.	arrenaing has been se as the h priar to	- 1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  YES NO CAUSES OF DEATH?  201. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIAL OF I	
9 1	5 5 5	2	TAN: 1966 # 18 YES NO THE CAUSES OF DEATH?	
= ;	들는		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)	
A.	Fer at			
크		- 1	[if either, notify medical examiner) P.M.	
<u> </u>	Pt che	- 1		re
= =	et itsi	- 1	While Not while of work of work	
OR ATTENDING	reformed by the hospital or ECTOR: After this certificate 3 should be detached for us with the State Dept. of Healt	_	22a. I certify that (1) (this haspital) attended the deceased from Alexander, 191965, to Decent 1965, that (1) (me)	last
를 즐	Speries	- 1	saw the deceased alive an 1948, and that in (my) (our) aprinian death accurred on the date and haur and fram	+ tha
_ 8	croned cross: A shauld ith the	- 1	causes stated abave, (1) (we) (did) (did not) view the bady after death.	ille
	5 <b>2</b> 48 4		22b. SIGNATURE ) 12c. DATE SIGNED	
2	% % E		ATTENDING MED. STAFF S 29 161 8	
0.3				
Z	Pod Pod e file	-71	22d. PHYSICIAN'S NAME (Type) MELVIN B. DAYIS M.D 22e. ADDRESS (SOO POSMINGTON RD DUNDACK 402122	2
E .	라. 라.	ı	NAME (Type V) ELVIN D. DAVIS M.D. 6800 MORNINGTON KD. DUNDALK MD 2122	
TO HOSPITAL	rage 4 may be retained by me hospinal  D FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached far shauld be filled with the State Dept. af He		230 8 JRIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
10	5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		BALTO. MD.	
_	=/N/S	DI		_
	VRAX5 (4)		Salamore Trusph Lang 3331 BREATTS CO. JANZ 1000 Charles A in	
	0000	~ }	SCHIMULIER NOISERRE ROME BALTO. MI) DATE DOD AMENTA JUNGS	
			· U W	

: " <

101			MAKTLAN	D 21VIF D	PARIMENI OF HI	EALIH		
101		17176	IVISION OF VITAL RECORDS,	301 W. PRE	SION STREET, BALTIN TE OF DEATH	WORE, MARYLAND 2120	17186	}
∉ _2∉		CEASED-NAME First	Middle	LICITICA	Last	2a. DATE OF DEATH		2b. HOURA
er death funeral 1 and er death	[]	ype or print) NELS	ON NMN		PARKER	12 Month 30	Day 68 Yeor	10:15
the aff	3. SI	Male	4. RACE Negro		DATE OF BIRTH MAR 24.16	6 AGE (In years lost thingy)	IF UNDER FYEAR MONTHS DAYS YRS.	HOURS M.N.
hour in by	70. cau	HIRTHPLACE (Stote or foreign 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED [	OF IEV DANKED A	COUNTY OF DEATH Baltimore,		
lind 7	10 (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		n haspital 12a USUAL	OCCUPATION (Kind of work do	ane 12b. KIND OF B	Md. BUSINESS OR
rban p withi	E	altimore, Md.	give street oddress) GB	MC	during mes	of working life, even if retire	NDUSTRY	TREID
Page 4 may be retained by the haspital ar affending physician.  2 FUNERAL DIRECTOR: After this certificate has been signed by the affending physician campletely filled in B director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers, shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, sad-tri any event, within 72 has shauld be filed with the State Dept.	odm	USUAL RESIDENCE (Where deceased ssion) STATE	lived, if institution: Residence before	13c CITY OR TO	WN 13d. INSIDE CTY LIMI	Anna American	SHACI	05%
remo	14. 1	ATHERS NAME FIRST	Middle Last	I5 N	OTHER'S MAIDEN NAME FIRS	st Rose	3 1	Last
Sand		WAS DECEASED EVER IN U.S. ARMED es, na, ar unknawn) (If yes give war or			PRMANT PAR	Addres 46/5		PI
navo		ID CAUSE OF DEATH (F-A	F ( ( ) ( ) ( ) ( )		412> F. SAK	-KEN_76/3	APPROXIM	ATE NTERVAL
r ren		PART I. DEATH WAS CAUSED BY	ne cause per line far (a), (b), and (c).)  (AUSE (a) Metastatic	carcino	ma of lung		BETWEEN ON	SET AND CEATH
ermi an, a		1621	DUE TO, OR AS A CONSEQUENCE OF		01 14115			
natic		Canditions, if any, which gove ) rise to immediate couse (a),	(b)					
cren		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
rial,		DART A CTUED CICHUEICANT CONDIT	(c)	T DELATED TO Y	Is republish planted appear	ABITION CONTACT IN PART OF		
ng o	_	PART 2. UTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NO	JI RELAIED IQ TI	HE TERMINAL DISEASE OR CO	NUTTION GIVEN IN PART I(0)		
	CERTIFICATION	190. DATE OF OPERATION 19b. CON	IDITION FOR WHICH OPERATION WAS PER	RFORMED	20o AUTOPSY?	206 IF YES, WERE FINDIN	IGS CONSIDERED IN CEI	RTIFYING
- /	RTIFIC				YES 🔀 NO 🗀	CAUSES OF DEATH?	Yes	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW	INJURY OCCURRED (Enter r	noture of injury in Part 1 or Par	rt 2, Item 18)	
	MEDICAL	(If either, notify medical examiner)	P.M. 19					
	-	at wark at work	CE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		FION Street or R.F.D. No.	City or Town	Caunty	State
Stat		22a. I certify that (I) (this I	naspital) attended the decease	d from IZ	/26, 19_6	8 , ta 12/30 ,	. 19 <u>. 68</u> ., that	(I) (we) last
<del>=</del>		causes stated abave, (I	) (we) (did) (did nat) view the b	oady after dec	ith.	ian death accurred an the	e date and havr a	nd fram the
with		226 SIGNATURE	Ma N	<del> </del>	······································	27AT2	22c DATE SIGNED	
ed		John E.	Helaus, W.P.	DEGREE	PHYS L_J DIR	D STAFF ECTOR D PHYS, E	12/30/68	1
d De		22d. PHYSICIANS NAJME (Type) John	E. Adams, M.D	•	22. ADDRESS Greater	Baltimore Me	dical Cen	ter
shaul	23a	BURIAL, CREMATION, 23b DATI	23c NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION (City or Tawn)	(County)	(Stote)
(2)		REMOVAL (Specify)  FUNERAL DIRECTOR	ADDRESS	TO I CA	STY 296. RECD BY	FREGISTRAR 256 REGISTR	RAR'S SIGNATURE	
15 [4] V 1/68 3	~	LBROWN +SON	J 123 W. MONT	6000010	A V DATE JAN	6 1969 /	lionlas you	age.

, 95

MAKTLAND STATE DEPARTMENT OF REALTH



•			
X			
 	• • •	•	

MARYLAND STATE DEPARTMENT OF HEALTH





Ti.

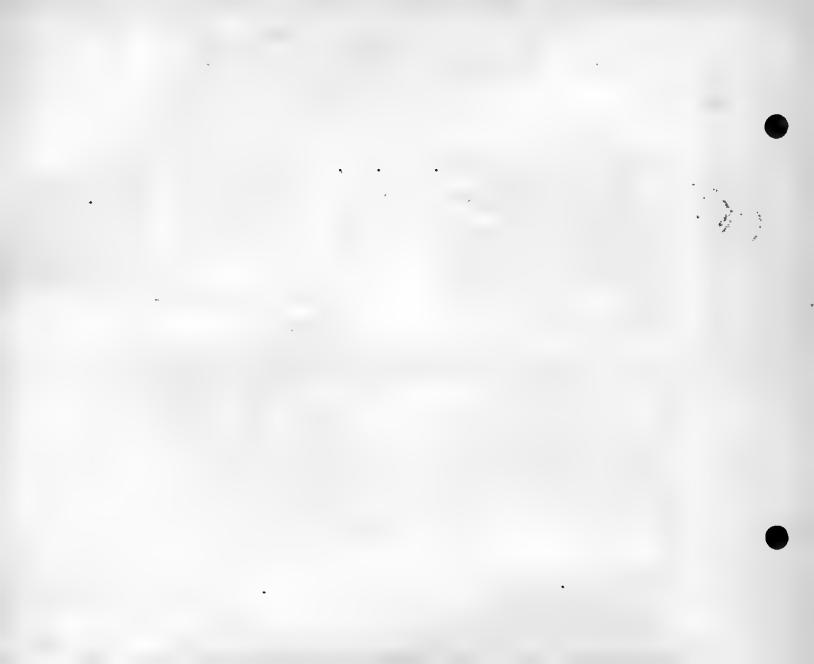
	ttem 2 Phoned N.H.1-8-89MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  17102
FOR STATE	/ 1.1130
HEALTH DEPT.	2 USUAL RESIDENCE (Where deceased lived, if inditution Residence before admission) a COUNTY  O STATE  O COUNTY
ta t	Maryland Mary Land
delay is and 3 ta N3. Page	b. CITY OR TOWN (if autside carparate limits, C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
5 5 5	write gurat and give nearest Jovan) Calausnelle 8mor Balleman 37.230
uny delay is 2, and 3 ta n PM3. Page	d NAME OF HOSPITA. OR INSTITUTION (If get in haspital, give street address)  d STREET ADDRESS  e is RESIDENCE ON A FARM?
F [ 8 ] O ]	Phanger fa . M. Home. 2801 Washing Block. YES NOT
24 haurs after death. In tem 18. Give Pages in Onice along with far ser And 2 with the State after allath.	3 NAME OF First Middle Lost 4 DATE Month Day Year
de de Maria	(Type or print) WALTER PHECES DEATH DOG 25 19 68
ang ang	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED   B DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS
S = 18.00 m	M W DOWED D DIVORCED May 10 1878 lost birthday) Months Days Haurs Min
naurs of the fire	100 USUAL OCCLPATION (G ve kind of work done 100 KIND OF BLS NESS OR 11 B.P. BLACE (State or foreign country) 12 CIT ZEN OF WHAT
£ 79 7 5	during most of working fe, even if retired   INDUSTRY   (OUNTRY?)
within 24 h pengal iii 18 kanfiner's 0 iie pages 76 haurs after	13 FATHER'S NAME 14 MOTHER'S MAIDEN HASET
within karning the pengenting the pe	( ) 1/10 m Ph. 01 , 1 80 - 1 , 1
ed with n per il Exar	IS. MAS DECEASED EVER IN U.S. ARMED EXPRICES? 15 SOCIAL SECURITY NO 17 INFORMANT Address.
n 7.	(Yes/no, or unknown) (If yes give work dates of service)
executed and ng' in Medical E permit. F	
d be executed within rd 'pending' in period Chef Medical Examine transit permit. File page event within 72 haurs o	PART I DEATH WAS CAUSED BY
should be e te word 'per ta the Ch ef I burial-transit	412 1 IMMEDIATE CALSE (a) DUE TO
e should the word ta the C burial-tr in any ev	Conditions if may which saws
the tat bur in a	nse to immediate cause (a).
ficate ing th rded i as a and i	storing the highlig conse (
This certificate, write one farwar be used removal,	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?
tertificate, certificate, auld be failes.	PERFORMED?  YES NO PERFORMED?  YES NO PERFORMED?  PRIMARY Or CONTRIBUTING OF Part II of Item 1B)
	□ 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 1B.)
MEDICAL EXAMINER: This lease execute the certificate addrector Page 4 should be stoined for your fles.  DIRECTOR: Page 3 should be to burial, cremation, or rem	
EXAMINER of the ce rige 4 shau yaur files Page 3 sho	20c. TIME OF IN.URY Manth, Day, Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home farm, Haur a m While Not While Not While Gardory, street, office bidg, etc.)
L EXAM ecute th Page 4 ar yaur R:Page II, crema	pm 17 atwark 🗆 atwark 🔾
exec. ar Pa d far TOR:	21. I certify that I taok charge of the remans described above, held an Autapsy,nspection imquiry and in my apin an
ortal Percental Percental Percental	death resulted/tram Natural causes 2. Accident . Swicide ., Hamicide ., Undetermined manner .
MEDIC please of durectal retained DIRECT DIRECT	ACTUAL CHIEF MEDICAL EXAMINER   22. DATE SIGNED
<u> </u>	SIGNATURE AD ASSISTANT MEDICAL EXAMINER L
UITY any. neral neral be ERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER 4 12/25/10
necessary, please execute the funeral director Poge 4 the funeral director Poge 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crema	NAME (Type) (Address (Street, cty, town, or county)
5 = + 2 5 H	230 BURIA, CREMATION, 230 DATE THEREOF 230 MANNE OF CEMETERY OR CREMATORY 230 OCATION (C by or Town) - (County) (State)  Bremova (Spec by) 12-28-68 (Annal Sheekheed Cem Eller II) City or Town)
-	
VR A15ME (5)	Landlan Funeral Ham Laure DAAN 7 1969 flieres June 1969
DA) LOVI WG	ver we were a come variet mill mill 1000 1.
D.V.	","



• 4/1	1		DIMICI					NI UF HEAL		1001		
17		17194	DIAI21	ON OF VITAL K	-		TE OF D		E, MARYLAND 2	1201	17101	
. 0	t n	CEASED NAME	First	. AA	ıddle	CKIIFICA	Last		DATE OF DEATH	1	7194	2b HOUR
hours after death.  hours after death.  hours after death.  Those after death.		vpe or orint)	ARLES		ITHER		POWELI		A Manth	Doy	Year of	1/30 M
5 5-3	3. SI		4. RAC				DATE OF BIRT	- V	6. AGE (In	years	F UNDER I YEAR	IF UNDER 24 HRS.
是 (毛麗)		MALE		NEGRO			9-25-1	1895	last births	lay) YRS. M	ONTHS DAYS	HOURS MIN
and and	70.	IRTHPLACE (State or foreig	n 7b. CITIZ	ên of What Counti	SA3	MARRIED [7	NEVER MARRIE	IVI I	UNTY OF DEATH			
五	Be	Ito. Co.,	Md.	U.S.A.		WIDOWED			Balto. C			Md.
		ITY OR TOWN OF DEATH		11 NAME OF HOS give street oddre Ensor	PITAL OR INSTI		in haspital	120. USUAL OCC	UPATION (Kind of we working life, even if OC	rk done retired.)	125. KIND OF BI	USINESS OR
writ erely arbo	12-	usual RESIDENCE (Winere	derensed lived	if institut an Pasida	IVI I I I	Road	OWN Trad	ROULT LIMITS?	13e STREET AND NU			
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within be retained by the hospital or ottending physician.  IRECTOR: After this certificate has been signed by the ottending physician and completely fills a should be detached for use as the burial-transit permit. Then please remove carbon, ped with the State Dept of Health pror to burial, cremation, or removal, and in any event, within	adm	ssion) STATE Md.	13b	OUNTY		Spark		ES NO K	Ensor		Road	
e exe ond ce remo	14	ATHER'S NAME First		Middle	Last	.1\$.	MOTHER'S MAIO			Middle		Last
be on or	L	ROB		-	WELL			ANN			VENEY	
e deoth certificate b ottending physician permit. Then pleose on, or removol, and	16a.	WAS DECEASED EVER IN U. es_nd, or unknown) Yes.	S. ARMED FORCE is give war or dates of		LESECURITY NO -22-8		ORMANT Mag	Marie		iddress	r Mill	Rd.
phy hen hen novo	-	18 CAUSE OF DEATH (En	tar anly and ca			T) [4]	LIT.S.	Light. To	100011	Tarso.	APPROXIMA	TE INTERVAL
oth oding		PART DEATH WAS	CAJSED BY	1:11		ases	ela .	acres	len		BETWEEN ONS	ET AND DEATH
ne deoth ottendi permit. ion, or r		4379"	IMEDIATE CAUSE DUE	TO, OR AS A CONSE	QUENCE OF _			1				7
t the sit produced the		Conditions, if any, which		(b) Cerebi	al Cer	den	Sell	wanzen			1/1/	und
tha an. by tron cren		stating the underlying o		TO, OR AS A CONSE	QUENCE OF							
quires that the physician. signed by the buriol, crematic		PART 2. OTHER S GNIFICAL	T CONDITIONS	(E)	TATU DUT HOL	07 0751170	the ventional C	VICTACE OR CONDITI	ON CHIEN IN DIOT 1/	-1		<del></del>
g prediction of the property o		PART Z. OTHER 3 GNIFICAL	NI CONDITIONS	LOWING TO DE	TAIN BUI NUI	KELATED TO	THE TERMINAL D	IISEASE OR CONDIN	ON GIVEN IN PART I	9}		
OR ATTENDING PHYSICIAN: The law re be retained by the hospital or ottending DIRECTOR: After this certificate has been ge 3 should be detached for use as the led with the State Dept of Health prior to	CERTIFICATION	19g, DATE OF OPERAT ON	19b. CONDITIO	N FOR WHICH OPERAT	TON WAS PERF	ORMED	20a AUTOPS	Y?	20b IF YES, WERE F	INDINGS CON	ISIDERED IN CER	TIFYING
The other hos hos h pr	뙲						YES 🔲	ио 🗀	CAUSES OF DEATH?			
AN: Il or rote or u		21a ACCIDENT WAS UND OR CONTRIBUTING CAUSE		TIME OF INJURY IUR A.M Month	Day Yeor	21c HOV	INJURY OCCUR	RRED (Enter natur	e of injury in Part 1	or Part 2, Ite	rn 18.)	
SICIA spita surifica ed f	MEDICAL	(If either, natify medical	examiner)	P.M.	19							
PHYSICIAN: he haspital or this certificate letached for u	-	21a. INJURY OCCURRED While Not while	21e. PLACE OF	INJURY ( OFFICE BLILL	ING, ETC.	JE LOC	ATION Street o	ar R.F.D. Ne	City of Town		County	State
NG I		220. I certify that (	I Ithis hosni	tall attended th	e decenses	166		1950	10 AZA	196	that	(I) (we) tast
NDING ed by t : After id be co		saw the deceas	ed alive on.	->9 DI	<u>2                                    </u>	and and	thot in (my)	(our) opinion	death occurred o	n the date	and haur a	nd fram the
Togine the state of the state o	ı	couses stoted of 22b Signature	bave, (I) (w	e) (did) (did not)	view the bi	ody after de	oth.			T 22, DA	TE SIGNED	
OR A	١.	228 STOTER ORL	alter	7.	220	DEGREI	ATTENDING PHYS.	MED DIRECTO	R STAFF	129	Dec	1968
FO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tron should be filed with the State Dept of Health prior to burial, crer	V	22d. PHYSICIAN S NAME (Type)	11TE	RT.	YEE	2	22e. ADDRE	SS /	0000000	7,	D.	
4 m A m NER.	_						60		SUTERE			
HC Age Should sh	.23a	BUR AL, CREMATION, REMOVAL ISPECIFY)	23b DATE 1-2-			EMETERY OR C	hurch		LOCATION (City of To Monkton		(County) arylar	(State)
		FUNERAL DIRECTOR	1-2-	07 10	ADDRESS	JOIL O		So. REC D BY REG	ICTOAD OCK DE	CICTOAD C C	CHATNIDE	h
OM REV THE		ORTON & D	<u>रहक्त ह</u>	H 17	01 To:	1122020		AM 2	1969 82	leave	o July	4



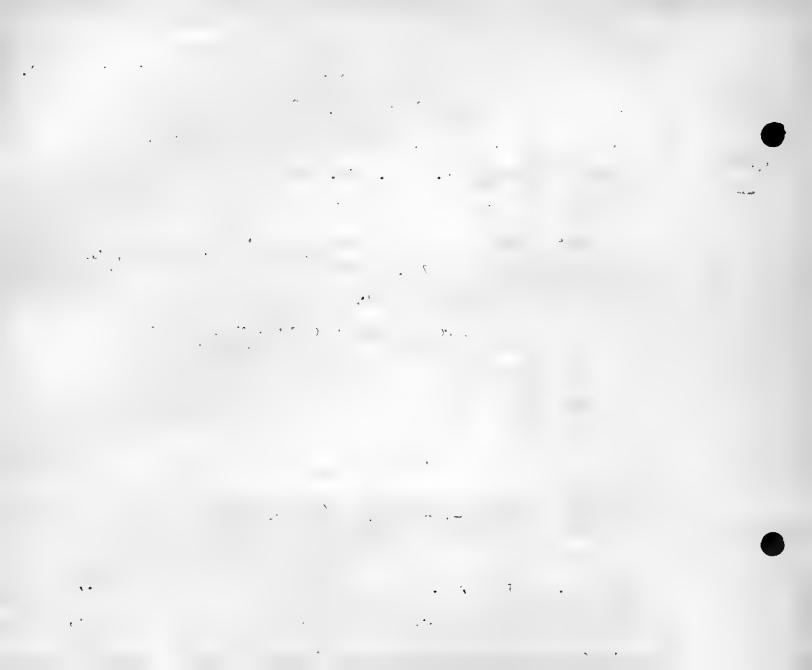
ages 💥		I	tem7a FilmG/107	DIVISION OF VITAL RECORDS,	SUI M DI	DEPAKIMENT OF	HEALIH IMODE MADVIAI	ND 21201		
	70		17185	STAISION OF ALLECANS,	CERTIFIC	ATE OF DEATH	IIIIVKL, IMAKI LAI		7195	
	- 2 £		CEASED NAME First	Middle		Lost	20. DATE OF DEATH			26. HOURS
/	unerol and 2 death.	(1	YPE O'HARVEY	MARCELLUS	POWE	RS	12	lonth 02 Doy	68 <sup>eor</sup>	10 PM
-0	المال	3. SE		4. RACE		S DATE OF BIRTH	6 AG	E (In years	IF UNDER I YEAR	F JNOER 24 HRS
,	5 EAST	M	ALE	CAU		05-31-94	loss	bythday) YRS	MONTHS DAYS	HOURS MIN
P	completely filled in by the forest over carbon papers, Paris, 9 event, within 72 hours, other	7a. l	IRTHPLASE (Stote or foreign try)	b CITIZEN OF WHAT COUNTRY?	8 MARRIED   WIDOWED	NEVER MARRIED	9. COUNTY OF DEATH	unho		** 1
	1 24 Illed Sape	10 (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN			AL OCCUPATION (Kind	of work done	126. KIND OF B	USINESS OR
	be executed within 24 hour of the completely filled in the remove carbon papers in any event, within 72 hour one event, within 72 hour one event.	1	OMEON	give street address) BAL	IO MEI	O CNTR during m	nast of working life, e	ven if retired.)	INDUSTRY	
	ted hiplet		USUAL RESIDENCE (Where deceoses ssion) STATE	lived, if institution Residence before	13c CITY OR	VES COLUMN				
	3 2 2 2	<u> </u>	MARYLAND		COCKI	212 A T MILL	V DOVE	HILL	RD.	
	ond in any	14. 1	Warrellus J	Powers Lost	IIS	MOTHER'S MAIDEN NAME	Perkins	Middle		Lost
	5 6 2		WAS DECEASED EVER IN U.S. ARMERS, no ocunknown) (If yes gyz war		NO 17 1	NFORMANT / FAMILY Red	cards	Address		
	that the death certifion.  on.  by the attending phy ronsit permit. Then cremation, or removo	H	18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)	1	arrive file	<del>0,-5</del>		APPROX.MJ	ATE INTERVAL
	t ding	П		BY: BRONCHI PI		יסוז מאב בדו	INIA DV TNIE	ECTION		SET AND CEATH
	dec utten n, ol		/ / / / / / / / / / / / / / / / / / /	DUE TO, OR AS A CONSEQUENCE OF		THE OIL	TTANALT TIAL	TICT TOTA		
	the chip of the ch		Conditions, if any, which gave			LAR ACCIDEN	1T		10 D	AYS
	that in. by t ons rem		rise to Immediate couse (o). ( stoting the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF						
	quires th physicion signed by burial-tro burial, cre	1	lost.	(c)						
	The law requires that the death certifical oftending physicion. has been signed by the attending physicise as the burial-transit permit. Then pless the purial cremation, or removal, a		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PA	ART 1(o)		
	ding ding een the or to	₫	190 DATE OF OPERATION 196, CC	OND!! ON FOR WHICH OPERATION WAS P	Propuro	100- AUTORCHO	DOL IT VET 1	VERE FINDINGS CO	DISTOLUCIO IN COL	TIENING
	as b as price price (	CERTIFICATION	190 DATE OF OPERATION 190. CC	MULL ON FUR WHICH OPERATION WAS P	Krukmen	20₀ AUTOPSY? YES \ NO \ \rightarrow{2}	CALLEDO DE DA		DUSING KEN IN CER	HIFTING
	e se	FR I	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21r H(	OW INJURY OCCURRED (Ente	_	ort ) or Port 2	tem 18)	
	JING PHYSICIAN: The law reby the hospital or ottending filer has certificate has been be detached for use as the State Dept. of Heolth prior to	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Doy Year		(5	s totore or injory in r	D** ( 0, r 0(1 2, 1	10.1	
	tattenbing PHYSI retained by the hosp ECTOR: After this cer 3 should be detached with the State Dept.	WE.	21d INJURY OCCURRED   21e. P	LACE OF INJURY (AT HOME FARM, STREET FA		CATION Street or R.F.D. No	City or Toy	√n	County	State
	det the Det		While Not while ot work			L1-22- 10 6	12-	02 :	60 .	
	by State		220. I certify that (!) (this	haspital attended the deceas	ed from	d that in (my) (aur) on	ob , to LZ-	rod on the de	68 that	(!) (we) lost
	ATTENDING etained by CTOR: After should be with the Star	1	couses stated above,	(I) (we) (did) (did not) view the	body after	death.	minori dedili occori	ed on the do	te ond noor o	na nom me
	A Short Shor		226 SIGNATURE	Nacion		ATTENDING -	1417 — CTAS	220	ALSIGNED 6	Ω
	AL OR y be r L DIRE age 3 filed v		Dr. F.	Naciona	DEGR	EEE PHYS.	MED STAI		.2-02-0	0
	AL AL POS		22d. PHYSICIAN'S NAME (Type) TO NEXT I	T The		22e. ADDRESS				
	A n A n A n A n A n A n A n A n A n A n		T STANKE			6701 N	CHARLES	STREET		70
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the spould be filed with the State Dept. of Health prior to	23 a	BLRIAL, (REMATION, 23b DA	\$ 1968 STACE	Falls A	ed Heth. Cem	23d JOCAT ON (CIT	Suille,	(County)	(Stote)
	VR ALL	24	FUNERAL DIRECTOR	ADDRESS	1			Sb REGISTRARS	SIGNATURE	
	30M REV 1/68		John Durne	Sone, Town	y Me	DATEDEC	<u>5 1968</u>	Jolian	eles ford	92



MARYLAND STATE DEPARTMENT OF HEALTH

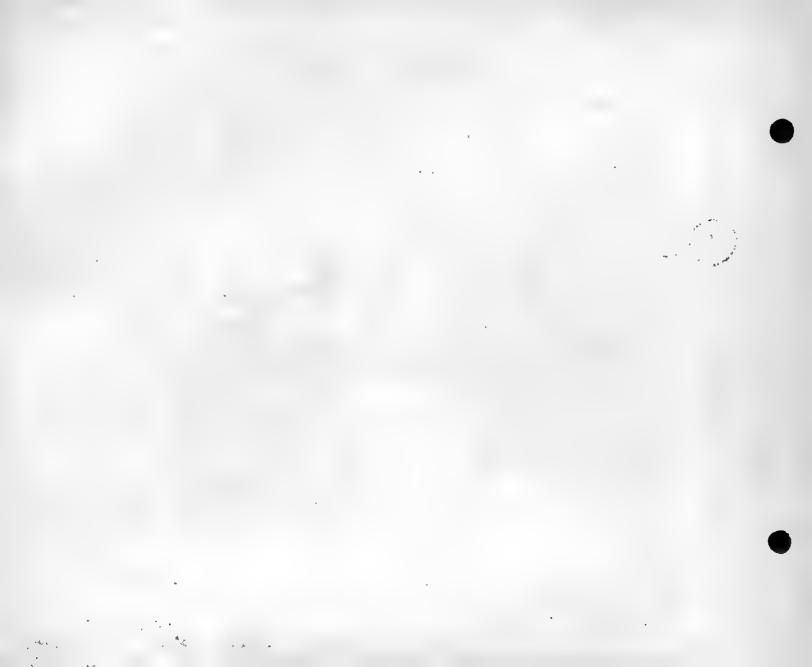


e entr							EPARTMENT OF				
1.7.			a sale is one with	DIVISION OF VITA			STON STREET, BAL	TIMORE, MARYLAN			
			17137		(	ERTIFICA	TE OF DEATH		1	7197	
	e 84	1. DE	CEASED-NAME First		Middle		Last	2a. DATE OF DEATH			2b. HOUR
	after death.	(T	(pe or print) WILL	IAM C		PRI	CE	12 %	<sup>anth</sup> 18 <sup>Do</sup> 68	Yeor	10:05
	TA SE	3 SE		4 RACE			DATE OF BIRTH	6. AG	E (In years IFE	UNDER I YEAR I	IF UNDER 24 HRS.
•			MALE	CA	UCASIA	N .	1-03-76	last	92 YRS. MON	NTHS DAYS	HOURS MIN.
	haurs haurs	7a B		b. CITIZEN OF WHAT CO	DUNTRY?	8. MARRIED V	NEVER MARRIED	9. COUNTY OF DEATH			
	Z Person	coun	Lutherville	MdII	S A	WIDOWED _	DIVORCED [	BALTIMO			Md
_	equires that the death certificate be executed whim 44 I physician. Signed by the attending physician and completely filledule burial-transit permit. Then please remove carbon paper burial, crematian, or remaval, and in any event, within 72	10. C	ITY OR TOWN OF DEATH	11 NAME O	E HOSPITAL OR INS	TITUTION (If not	in hospital 12a. USI	JAL OCCUPATION (Kind on nost of working life, ev	of work done	12b. KIND OF BUINDUSTRY	USINESS OR
	E 全要表		BALTIMORE	give street	I BAL	r. MED	CENT	nost of working life, ev	en ir retired )	INDUSIKI	
	in case	130	USUAL RESIDENCE (Where deceased	l lived, if institution: R	esidence before	13c. CITY OR TO	DWN 13d. INSIDE CITY		ID NUMBER		
	comple cove car	(Jan	ssion) STATE M.	13b. COUNTY Baltim	ore	Glence	YES !	Rur	al		
	requires that the death certificate be executed g physician. I signed by the attending physician and comple burial-transit permit. Then please remove ca burial, crematian, or remaval, and in any even	14. F	ATHER'S NAME First	Middle	Losi	1S. A	NOTHER'S MAIDEN NAME	First	Middle		Lost
	e de la		William	Ambrose.			Elizabet	h Burnham			
	equires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rem burial, crematian, or remaval, and in an	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. or dates of service)	SOCIAL SECURITY I	10. 17. INF	emma Mosne	r Price. Gl	lencoe. M	d. 211	52
:	A de la serie de l		NO NO	,	217 03	3306					
	in the second		18. CAUSE OF DEATH (Enter only	one couse per line far	(o), (b), and (c).					BETWEEN ONS	ATE INTERVAL SET AND DEATH
•	eath Sire	Ш	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT	BY. E CAUSE (o)RE]	NAL FA	ILURE_					
•	atte arte an, (ar	Н	77.X	DUE TO, OR AS A O							
	atite atit		Conditions, if ony, which gove	(b)CH	RONIC	URINAR	Y OBSTRUC	TION AND	CYSTIC		
	that in. by 1 ans		rise to ammediate cause (a), stoting the underlying couse	DUE TO, OR AS A C	ONSEQUENCE OF			KIDNEYS			
	sicio sicio ed l al-ti		last.	(c)							
	Phy Suri Suri		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO 1	he terminal disease of	CONDITION GIVEN IN PA	ART I(o)		
	en en to	2	, v t ;								
	fay endi	CATIC	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20o. AUTOPSY?	FILLERS OF DE	VERE FINDINGS CONS	IDERED IN CER	TIFYING
	The aft has the best has the party of the pa	CERTIFICATION					YES NOX				
	ar u	100	23 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		RY inth Day Yeor	21c. HOW	INJURY OCCURRED (Ent	ter noture of injury in Po	art I ar Port 2, Item	1 IB.)	
	A A A A A A A A A A A A A A A A A A A	MEDICAL	(If either, notify medical examine	r) P.M.	19						
	hos hos sche spt.	ME	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HO	DIME, FARM, STREET, FAC E BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D. N	la. City ar Taw	rn C	Caunty	State
	e e e e e e e e e e e e e e e e e e e	П	ot work								
	by frer be Stat	П	22a. I certify that (I) (this sow the deceased oli	haspital) attende	d the deceose	ed from	<u>1/22</u> , 19.	68, ta 12/	18 , 19 <u>68</u>	<u>5</u> , thot I	(I) (XXXX) lost
	R: A		sow the deceosed oli couses stated obove,	ve onve on(I) (ave) (did) (did)	TO→Pa D I	hody ofter de	rnot in (my) ( <b>ews</b> -o; oth.	pinian aeoth occurr	ed on the dote	ona nour a	na tram tne
	AT de la		22h SIGNATURE		2017 11011 1110	504, 51101 40			22c DAT	E SIGNED	
	OR ATTENDING PHYSICIAN: The faw be retained by the hospital ar attendir SIRECTOR: After this certificate has bee e 3 shauld be detached far use as the dwith the State Dept. af Health prior:	Н	Russio	er.		DEGREE	ATTENDING PHYS.	MED. STAF		12-18	3-68
	AL Fige by the property of the	П	22d. PHYSICIAN'S				22e. ADDRESS				
	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, cre		NAME (Type) R. VA	SUDEVA,	M.D		6701 N	CHARLES S	ST, BALT	MD	
	dulc dulc	23o.	BURIAL, CREMATION, 23b. D.	ATE	23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION (City	or Town) (	(County)	(Stote)
	5 5 5 F 2		BURIAL, CREMATION, 23b. D. REMOVAL (Specify) 12.	-21-68	St. Jo	hns Lut	theran	Glencoe	Baltim	ore, M	id.
	VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS		250 REC'D	82 REGISTRA968 25	P SECONSTRACTOR	MINDER	A.
	30M REV 1/88	4	Wm. Cook-Bro	oks Towson	. Towson	a. Md.	21204 DARE	2 9 1000	//	U	



\ A	1			D STATE DEPARTMENT OF		
1 💥			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
.0		17128		CERTIFICATE OF DEATH		17138
= = = =		ECEASED-NAME First	Middle	Lost	2g DATE OF DEATH	26 HOUR_
dea and dea	į	Type or print) Paul	GORDON	PURCELL	DECEMBED DO	0 190 x 4 2 M
fur fur ter	3. 5	EX	4 RACE	S DATE OF BIRTH	6 AGE (In years last birthday)	IF LINDER & YEAR F JINDER 24 HRS
urs after death yy the funeral Pages 1 and iurs after death		MALE	WHITE	10-27-	- 99 lost birthday) YRS	MONTHS DAYS HOURS ANN
by by		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<del>'</del>
d in pers.	100	Md.	USA	WIDOWED DIVORCED	Baltimor	Md
Mithin 24 hours after death ely filled in by the funeral can papers. Pages 1 and 2 within 72 haurs after death	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:		UAL OCCUPATION (Kind of work done most of working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY
₹ de se de		andalls town	134/18.Co.	CEM. HOSD		NOUSIKI
and completely tremave carban n any event, with	adm	SSION) STATE	ad lived, if institution Residence before	Edmondsom 13d INSIDE CTV	NO 1435 TOLE	ST PKAUF
and common any	14	FATHER S NAME First	Middle Last	IS MOTHER'S MA DEN NAME	First Middle	Lost
d in a	L	Elga	R PURCE	LL CA	& CLARA	CRAMER
tate sica secon		WAS DECEASED EVER IN U.S. ARM (es, na, ar unknown) (If yes give w	or or dates of sanural	- /	Address	
e death certificate b attending physic an permit. Then please an, ar remaval, and i		NO C	214-03-	114 Chart		
an The The		18 CAUSE OF DEATH (Enter and	y one cause per ine for (a), (b) and (c)	) •		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endi		PART 1. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) Polym	ona		
e d affe an,		1579	DUE TO, OR AS A CONSEQUENCE OF	/		
t th the sit p		Conditions, it ony, which gove	(b) Duosenal	obstruction a	ind aspiration	
tha an. by ran.		rise to immediate couse (a), ( stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF	<i>f</i>	1	
res /skci/ smid ial-t		last )	(c) Caranom	a of paucheas.	with metastases	
Page 4 may be retained by the haspital ar attending physician.  Full A may be retained by the haspital ar attending physician.  Full A may be retained by the haspital ar attending physician.  Full A may be retained by the haspital are spined by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death	_	PART 2 OTHER SIGNIFICANT CON 157XD19 LEES	DITIONS CONTRIBUTING TO DEATH BUT NO MELL FLCS	OT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
The law ratending attending has been se as the h priar ta	ATIO	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	REORMED 20o. AUTOPSY?	206 IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
The after has been seed to the	CERTIFICATION	12-24-680	DSTRUCTION 200 S	NO CONTRACTOR NO C	CAUSES OF DEATH?	
are ate		21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (Ent	ter nature of injury in Part I ar Part 2,	Item 18.)
d file	MEDICAL	or contributing cause of DEATH				
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far us ed with the State Dept. af Heals	ME	21d. INJURY OCCURRED 23e. While Not while of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY.) 21f. LOCATION Street or R.F.D. N	la. City or Town	County State
NG V thy Fer the defe	1		s haspital) attended the decease	ed from 102 - 14 19	68, to 12-29 19	68, that (i) (we) last
NDI Sab db db		saw the deceased al	s haspital) attended the decease	968, and that in (my) (aur) a	pinian death accurred an the do	ite and hour and from the
Selection of the select	1		(1) (we) (did) (did nat) view the i	bady after death.		
R A A representation with with with with with with with with	ı	226 SIGNATURE	1 7	A D ATTENDING	MED STAFF ACT I	DATE SIGNED
olde Dige		Jesus O.	simpano r	DEGREE PHYS	DIRECTOR PHYS.	7-71-69
May RAL PD		22.6 PHYSICIAN'S NAME (Type) Jesus	C.Santem	22e. ADDRESS Baltimore	County General He	nsnital
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be constituted by the State	22.0	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY		
Pag C	230	REMOVAL (Specify)		•	23d LOCATION (City or Town)  Baltimore City,	(County) (State)
F-5 (W)	24.	FUNERAL DIRECTOR	69 Loudon	Park Cemetery	BY REGISTRAR 25b REGISTRAR'S	S GAATINE
VII A15 44 1 69			d 4107 Wilkens Av	e. 21229 DATE DE	C 3 1 1968 fclio	les Judge





- (-	1	ļ.	tems 8,9,	13 &14 N OF STATE	MA STICAL RE	RYLAN SEARCH	D STATE I	DEP. RDS,	ARTMENT   301 W. PRES	OF HE	ALTH REET, I	BALTIMO	ORE 1, MA	ARYLAI	ND
	4 624		Fi 1mGl:07	12/19/68	kk 1		ERTIFICA							720	
	24 hours after death.  filled in by the funeral apers. Pages 1 and 2 nors, after death.	1.	a. COUNTY	H Baltimore	County				2. USUAL RESID	ENCE (Wh	ere deceaser	d lived, If It	nstitution: Re	sidence be	fore admission)
	after the ges 1	-	b. CITY OR TOW	/N (if outside cor and give neares	porate limits.	c. LEN	MARYLAN CTH OF STAY IN		c. CITY OR TOWN	i (if outsid	e corpora	te limits, w	rite RÚRÁL a	nd give n	earest town)
_	Surs Mars Jours	4	1	owson					(	hevu.	Chase	2			
	T 0			SPITAL OR INSTIT			give street addr	ess)	d. STREET AODRE	Brad.	ly Lar	re		e. IS	RESIDENCE N A FARM?
	報	3.	NAME DF DECEASED (Type or print)		First		Middle	Raci	Last Rostraw	1 1	DATE DF DEATH L	Mon e cemb		Oay	Year 19 68
	or comple	5.	SEX	6. COLOR OR R	ACE 7. MARRI	ED NEV	ER MARRIEO		OATE OF BIRTH			E (In years	IFUNDER 1	YEAR IF	INDER 24 HRS
			emale	white	WOOIW		OJVORC ED	] Jo	in. 23, 11	880/	100	グラ yrs.		Days H	ours Min.
	ath certificate be execute attending physician and corrmit. Then please regove n, or removal, and in any ev	2	LOranian.		etired)	NIND OF B INDUSTRY CRANY	usiness or of (ong)	res	11. BIRTHPLACE		State, or fo	oreign count	77) 12. CIT COL	IZEN OF INTRY?	WHAT
	ficat phy oral,	13	FATHER'S NAM	E					14. MOTHER'S M	AIDEN NA	ME		!		
	ding ding	٦	1 7 7 / 1-1	n-deciel	Alfred	Rackst			uhkhbia	h4 de	cd/	Mary			
	th the mit.	ď	es, no, or unkown)	EVER IN U.S. ARMI (If yes give war or d	ED FORCES? lates of service)	16. SOCIALS	ECURITYNO.		NFDRMANT	,		Addre	B\$5		
	dea he a per tion	-	NO CAUSE DE	none	lu one anuse a	n lina fan fa	1 (6) (4) (7)	/	amily re	COROS	1			ANTERNA	. DeThieri
	ulres that the death cog physician. en signed by the attend bural-transit permit. bural-transit cemation, or ro		PART I. O	DEATH [Enter on EATH WAS CAUSE IMMEDIATE CA	D BY:	er line for (a	arale	ac	Fai	lure	2			ONSET	AND DEATH
	ysic nigne ral-		Conditions If		OUE TO	(1)	tabias	la la							
	requireding plant of the part		Conditions, If gave rise to	Immediate (	(b)		yeurs	CU	rosis						
	law regul ttending has been as the b		cause (a), so underlying caus	toting the	(c)										
	law atten has e as h prid	<u> </u>			DITIONSCONTR	IBUTING TO	DEATH BUTNOT	RELATE	O TO THE TERMIN	AL DISEAS	ECONDITIO	ONCIVENIA	N PART 1(a)	19. W	AS AUTOPSY
	The cate	ICAL	* *											YES	RFORMED?
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the bural-trane Dept. of Health prior to burlal, cre	CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING CAUSE OF TIFY MEDICAL EX	G 20b DEATH (AMINER)	DESCRIBE	HOW INJURY O	OCCURE	REO. (Enter nature	e of Injury	In Part I	or Part II	of Item 18.)		
		MIDICAL	2Dc. TIME OF Hour a.r		Day, Year 200 Wh	ile Not	CURRED 20e.	PLACE actory,	OF INJURY (Home, street, office bldg	e, farm, 2 g., etc.)	Df. (City	or town)	(Coun	ty)	(State)
	ATTENDING retained by CTOR: After should be vith the Stat	-		y that (I) (this-				11	Anch 10	. 194 X	to d	10c-11	196	that	(I) (we) tast
	ATTENDI retained CTOR: A Should should vith the		saw the de	ceased alive on		11 /1			leath occurred a	930	M, from t	he causes			
	or be age 3		22a. SICNATUI	Murecos	( - )	1001	51	M.D.	ATTENDING PHYS.	MED. OIRECT	OR 🔲	STAFF PHYS.	22b. DA	TE SICNE	68
	FITA F mg or, P		22c. PHYSICHA NAME (T)	in's LAUF	RENE	E (	lost	_	6801	you	ele k	d	/		
	Page of FUNI	23	REMOVAL (Spe	ATION, 23b. D	ATE THEREOF	23c. 1	NAME OF CEME	TERY O	R CREMATORY	230	LOCATI	ION (City, 1	town or coun	ty)	(State)
	F # "	24	rematio	n 12/1	12/68	Font	Lincol	n C	emetery_	DCDIC DY		noton	FOIDTO	0. (.	O.F.
	IN NEW OR	12		rns Sons	610	A 1/ 1	L D.J T.			REC'D BY			EGISTRAR'S	SIGNATU	NE.
	VR #15 (4) 20M 1/65	-	Join Di	rais Jons	010-1	2 York	R /102. 101	וסמש	n, Md. DATE	DEC	1319	968	ywar	COX	-

· T

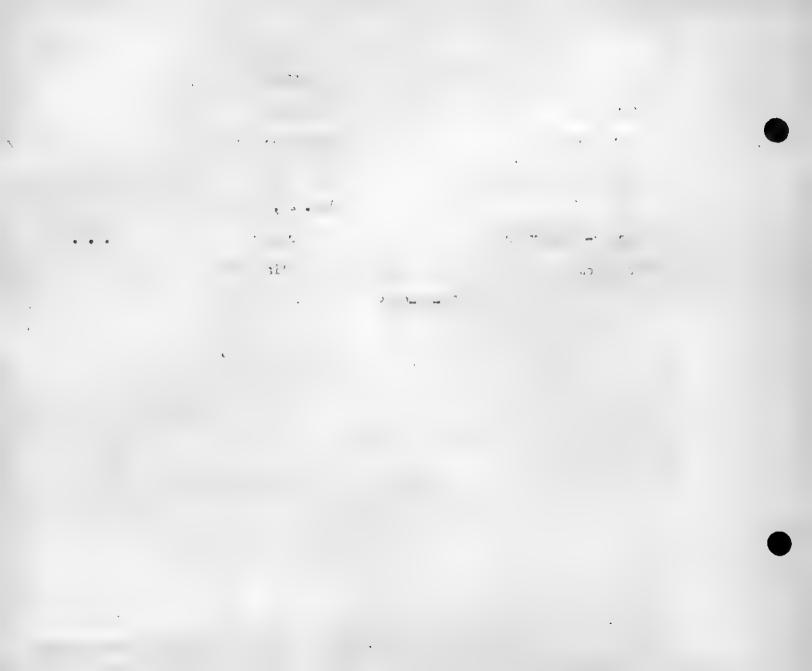


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth 2b HOUR (Type ar Print) ESTIny delay is 2, and 3 ta PM3. Page Department of DEATH MATED ROBERT KENNETH 6. AGE (in years 4. RACE IF UNDER 24 HRS. 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD fast birthday) Doy Year Male White 7a. BIRTHPLACE (State or fare an 7b CITIZEN OF WHAT COUNTRY? MARRIED PREVER MARRIED 9. COUNTY OF DEATH along with form WIDOWED [ DIVORCED T Give Pages the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital grundy La. 12a. USLAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 24 haurs after death give street address) during most of working life, even if retired.) INDUSTRY Balto. In car in front of with 13d. INSIDE CITY LIMITS? death 130 LSUAL RESIDENCE (Where deceased lived, it institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 5150 Grundy Lane Balto Office Rolto. Jono after 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME .= hours pode 4 should be forwarded to the Chief Medical Examiner be executed within 6b. SOCIAL SECURITY NO INFORMANT (Yes, no er onknown) (If yes give war or dates of service) within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) permit. BETWEEN ONSET AND DEATH "pending" PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Garbon Monoxide intoxication event 1 DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a). any writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . 9 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES 🗔 ö 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21b TIME OF INJURY Month, Day Year 3 shauld PRIMARY [2] OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 2 P.M. Shi, found in auto with vac, cleaner hose 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. Na. riffilling from exhaust into factory, affice building, etc.) HOT WAILE AT WORK AT WORK 3 Balto. In front of 5150 Grundy La. 220. I certify that I took charge of the remains described above, held on Autopsy Inspection XX Inquiry and in my opinion death resulted from: Accident . Suicide TX Undetermined monner Naturol causes Homicide CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL C 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 1/1/69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 50 EMETERY OR CREMATORY (County) 24 EMNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1 🧳	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
# %24	17192 CERTIFICATE OF DEATH 17202	
death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis	sion)
fer 1 ser	BALTIMORE MARYLANO MARYLAND	
IS A SERVE	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Parkville  Parkville	own)
2 25.5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDE	NCE
N SEE	REGI. Pools Ook Pd	M?
to the second	3. NAME DF FIrst Middle Last 4. DAYE Month Oay Year DECEASED (Type or print) MRS MRY M REBUCK DEATH DEC 30 19 4	F
executed w	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. OATE OF BIRTH   9. AGE (In years   FUNDER 1 YEAR   FUNDER 24   Hours   1   1   1   1   1   1   1   1   1	HRS. Vin.
	10a. USUAL OCCUPATION (Give kind of work done; 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT	
cate be execu physician and ( n please remov	Inspector = Bendix Friez   Virginia   U.S.A.	
ficat phy en p	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
certifica Iding ph Then remova	John C Yeung Lillian Whitlock	
nat the death certificate be sian.  Idea by the attending physician transit permit. Then please cemation, or removal, and i.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) No 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service)  17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service)  18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service)	
	No   579-09-0429   Miss Susan Kline-8664 Rock Oak Rd.	CEN
hat the cian. ed by the transit , cremat	PART I. DEATH WAS CAUSED BY: TARROW A RILL OF TO THE SECOND ONSET AND DEA	VŢH -
ulres that the sphysician. In signed by the buria-transit burial, cremal	LII VASGUIAR DISERSS	
phy phy buri	conditions, If any, which I had Attracio Science and HYPERTENSIVE OF	
The law requires or attending phy sate has been signate in use as the burital saith prior to burital.	gave rise to immediate cause (a), stating the OUE TO	
law re rttendii has bu as th	underlying cause last. (c) Clare 2/Co 2 C/8/2014	DEV-
N: The Liftcate or at for use for use Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORME YES NO  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  BY OF CONTRIBUTING   CAUSE DE DEATH (I FEITHER, NOTIFY MEDICAL EXAMINER)	D?
CIAN: The ospital or a certificate hed for use to Health	YES NO  YES NO	
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		
OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burla-transed with the State Dept. of Health prior to burial, created with the State Dept.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County)   20d. Injury (Home, farm,   20f. (City or town) (County)   20d. Injury (Home, farm,   20f. (City or town) (County)   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,   20f. (City or town) (County) (State   20d. Injury (Home, farm,	e)
Apin ed J	21. I certify that (I) (this hospital) attended the deceased from 1960, 19 to See 30, 1968, that (I) (476)	last
TTEL Strong	saw the deceased alive on 9/27 1968, and that death occurred at 4 M, from the causes and on the date stated at	ove.
OR A	22a. SIGNATURE  ATTENOING MED. STAFF 12b.	
AL DAL DISA	22c. PHYSIGIAN'S 122d. ADDRESS.	
TO HOSPITAL OR ATTENDING F Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	NAME (Type) WM CONWAY MD 835 Lock Ravea Block Porson Md	_
Pag Pag dire shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or/county) (State	)
	Burial 1/2/69   Moreland Cemetery   Baltimore Co., Md.	
VR A15 (4)	Transport T. Brasis Transport Will Cloth	
20M 1/65	Leonard J. Ruck Inc. Balto.Md. 21214   JAN 2 1969   Charles Judge	



16	or the a coattle	MARYLAND DIVISION OF VITAL RECORDS, 3	STATE DEPARTMENT OF H OTW. PRESTON STREET, BALTI		
1//	17153		RTIFICATE OF DEATH	,,	17203
00	DECEASED-NAME First (Type or print) John	Rector	Last	20 DATE OF DEATH  December 5	1968 2b Hour
yenr, within 72 hours after de 1900 1900 1900 1900 1900 1900 1900 190	SEX Male	4 RACE White	S. DATE OF BIRTH August 16.	6 AGE (In years lost burthday)	F JWDER 1 YEAR F UNDER 24 HRS MONTHS DAYS HOURS MIN
70	a. BIRTHPLACE (State or foreign )			9 COUNTY OF DEATH	
. co	ountry) Virginia	U.S.A.	WIDOWED X D VORCED	Baltimore	Md
7	Catonsville		TUTION (if not in hospital 12c USJA during me retain	. OCCUPAT ON (Kind of wark dane ost of warking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
) od	dmission) STATE Md.	lived, if institution: Residence before	3c. CITY OR TOWN 13d. INSIDE CITY LIF	130. STREET AND NUMBER	ng Road
14	FATHER'S NAME First	Middle last	15 MOTHER'S MAIDEN NAME FI	rst Middle	Last
	Albin Recto		Unkno		
16	60. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (II yes give war INO)	D FORCES? or dolar of service) 16b SOCIAL SECURITY NO 21609898		Rector, 1700 N. R	
	Conditions, if any, which gove nise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COND	E CAUSE (o) A CONSTRUCTION OF	B BNFM in		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
CEPTIFICATION	190 DATE OF OPERATION 196 CC	INDITION FOR WHICH OPERATION WAS PERFO	ORMED 200 AUTOPSY?  YES NO	20b. IF YES WERE FINDINGS CO CAUSES OF DEATH?	ONS DERED IN CERTIFYING
MEDICAL CES	OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, I	tem 18)
×	While Nat while at work	ACE OF INJURY ( AT HOME FARM, STREET, FACTOR OFFICE BUILDING, ETC.		City or Tawn	County State
	22a. I certify that (1) (this saw the deceased all causes stated abave,	haspital) attended the deceased ve an19 (I) (we) (a d) (did not) view the ba	from , 195 , and that in (my) (aur) apir dy after death.	nian death accorred an the da	te and haur and from the
	22b SIGNATURE	hn Shaw		Edmondson Ave.	DATE SIGNED
23	30 BURIAL, (REMATION, 23b. DA	TE 23c. NAME OF CEA	METERY OR CREMATORY  Cometery	23d LOCAT ON (City or Town) Baltimore, Mary.	(County) (State)
	4 FUNERAL DIRECTOR	ondson Ave. 21229	250 RECD BY	REGISTRAR 25b REGISTRAR S	



1 1		- 44 2 12 5	MAKTLANI ,DIVISION OF VITAL RECORDS	D STATE DEPARTME 301 W. PRESTON STRE		ARYLAND 21201		
'		<b>型人第2</b> 年		ERTIFICATE OF D	*	MI WIT 2 (20)	1720	4
shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.		CEASED-NAME First ype or print) REESE,	MRS. IRENE M.	Last	20. DATE (	DE DEATH  Manth Da	y Year	2b. HOUR
	3 SE	X FEMALE	4. RACE	S. DATE OF BIRT		6 AGE (n years last birthday)		HOURS MIN
	cour	Maryland	75. CITIZEN OF WHAT COUNTRY? U.S. A.	8 MARRIED   NEVER MARRI WIDOWED   DIVORCE	9. COUNTY (	of DEATH timore		Md
11		ITY OR TOWN OF DEATH TOWSON	11 NAME OF HOSPITAL OR INS give treet address) Maris	s Hospice	120 USUAL OCCUPATION  during most of working  HOUSEWILL	N (Kind of work done is life, even if retired)	126 KIND OF BUILDUSTRY OWN	USINESS OR  Iome
3	admi	ssian) STATE <u>Marylan</u>	13b. COUNTY			street and number irkleigh Vi	illa	
		ATHER'S NAME First William L.	The state of the s	is. Mother's maid	Martha	M.ddle J. Lloyd		Lost
		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wer NO	D FORCES? or dates of service)  16b. SOCIAL SECURITY N  303-07-0]	0. 17. INFORMANT Pe	rcy M. Re	ese ITTess	Gilman	
V	N	PART I. DEATH WAS CAUSED IMMEDIAT  Canditians, if any, which gave nise to immediate cause (o), stating the underlying cause last.	one couse per line for (b), ond (c).  BY:  E CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT NO	ya ya	DISEASE ORCONDITION GIV	'EN IN PART I{o}	BETWEEN ONS	ET AND DEATH
	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER	YES 🗀	NO 🖂 CAUS	IF YES, WERE FINDINGS ( ES OF DEATH?		TIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year P.M. 19		RRED (Enter nature of in		<u> </u>	
		While Not while at work  22a. I certify that (I) (this saw the deceased alicauses stated abave,	hospital) attended the decease ve an (1) (did) (did not) view the b	od from	, 19 GB , ta_ (Out) apinian death	y or Town    10   10   10   10   10   10   10   1	County  C.P., that ( ate and have a  DATE SIGNED  131 - 6	_
1	230	RURIAL CREMATION 23h. DO	Dovid Nagel	22e ADDRE	39 wood	OGATE  TON (City or Town)	C T	(State)
		REMOVAL (Specify) Burial 1/	3/69 Gree	nmount	Balt	imore		Md.
S. Fee	24 H	W.Jenkins &	Sons Co. 4905		Sa. RECID BY REGISTRAR	96920 7	The Judge	pr-



		CEASED-NAME First		Middle	Last		ATE OF DEATH		24 HOUR
İ		Ype or print) Char.		Rei	nhardt	De	cember 18, 19	68 Year	4847 M
	3. SE	•	4. RACE		S. DATE OF BIRTH	7.000	6 AGE (In years last birthday)		HOURS MIN
	20 1	male BIRTHPLACE (State or foreign	white 7b. CITIZEN OF WHAT COL	Q everu		7, 1897	TY OF DEATH		
	COUL		U. S.	I INDA	IED NEVER MARRIED	7.9-	Baltimore		LIA.
	10. (	ITY OR TOWN OF DEATH	111. NAME OF	HOSPITAL OR INSTITUTION	(If not in hospital	2a USUAL OCCUP	ATION (Kind of work done	12b, KIND OF BU	JSINESS OR
9		atonsville	SPRINC	dress) GROVE STA	TE HOSP.	uring most of we	ork ng life, even if retired.) oad	INDUSTRY	_
5	13a admi	USUAL RESIDENCE (Where deceasission) STATE	ed lived, if institution Re. 13b COUNTY	udance before 13c CtT	1 to Easton YES	ISIDE CITY LIMITS?	13e STREET AND NUMBER	4	
5	14. 1	ATHER S NAME First	Middle	Last	IS. MOTHER S MAIDEN	NAME First	Middle	/	Last
		4,	7.			7,	7,		7
	16a Y	WAS DECEASED EVER IN U.S. ARN es, na, ar upknawn) (If yes give w	and the state of t	0CIAL SECURITY NO 5-01-5879	17 INFORMANT	PRINC C	Address ROVE STATE HC	SPTTAT.	
		18 CAUSE OF DEATH (Enter and			CCO1da: E	1	100111	APPROX MA	TE INTERVA.
		PART I DEATH WAS CAUSED	BY SINCE (a)	The of	201124400	ala.	-	BETWEEN ONS	T AND GEATH
		471 X					in and		
		Canditions, if any, which gave ) rise to immed ate cause (a), (	(b) 4452	DECC OIT	nelutes	, secti	ile exerpe	74576	<u> </u>
		stating the underlying cause	DIE TO OD AS A CO	INSEQUENCE OF			L		
		PART 2 OTHER SIGNIFICANT CON				EASE OR CONDITION	N GIVEN IN PART 1(a)		
	₹.	PART 2 OTHER SIGNIFICANT CON	Bucary	Deser	med	in.	760-		
V.		19a DATE OF OPERATION 19b	CONDITION FOR WHICH OP	RATION WAS PERFORMED			206 IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
1	CERTIFICAT	21a ACCIDENT WAS UNDERLYIN	G 215. TIME OF INJUR	v Ta:	YES	MO .	of injury in Part 1 or Part 2,	Itam 10 )	
	¥	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Mon	th Day Year	C. HOW HIDE! OCCURE	n (rissas signas s	of infuty in Fute 4 di Foti 2,	Haiti (0-)	
	WED	21d INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOM OFFICE	E FARM, STREET, FACTORY ) 2	f LOCATION Street or	R.F.D. Na	City or Town	County	State
		17.11.0						69	
		22a. I certify that (1) (the saw the deceased a	s haspital) attended	the8deceased den	and that in (my) (d	Mr) epinion de	to <u>DeC. LO</u> , 19	OO_, that (	🗱 (we) last
		causes stoted above	, (i) ( <b>9</b> ce) ( <b>did</b> ) (did n	ot) view the body at	ter deoth.	opinion di			TIG TOTAL FAIC
		226 SIGNATURE	cal a		ATTENDING DEGREE PHYS	MED DIRECTOR	STAFF 22c	DATE SIGNED	160
		22d. PHYSICIAN S			11112			HOSPITAL	- 0
			ael H. Mari	n, M.D.			re Maryland		
	23a.	BURIAL, CREMATION, 23b I		23c NAME OF CEMETER	4 4 4 4 40	23d. L	OCAT ON (City or Tawn)	(County)	(State)
		REMOVAL (Specify) 12	-24-1968	Prospect	H111 C+11	1.	Towson, 1	Id.	
	20.0	FUNERAL DIRECTOR		ADDDECC	. (10-	RECD BY REGIST	RAR25b. REGISTRAD S	CICMATILDE	



1 Items 18-22a Film 408 MARYLAND STATE DEPARTMENT OF HEALTH 1 1-8-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	em.LO Film.G408 1/9/69 kk AND 21201
FOR STATE # 100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17206
HEALTH DEPT.  1. DECEASED NAME First Middle Last (Type of Print) TEA NAME  AA DAY  AA DAY	2a DATE KNOWN Month Day Year 2b HOU
JEANNE MARY REINHARDT  3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (n yours   F UNDER 1 VEAR   F UNDER 24 NRS	OF ESTI- DEATH MATED 19
Female White 9-18-1917 51 MONTHS DAYS MOURS MAN	2c. DATE PRONOUNCED DEAD  Month December 29, Year 1968
	NTY OF DEATH BALTIMORE
10 CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL	CUPAT ON (Kind of work done working life, even if retired.)  Sewife   INDUSTRY   INDUSTR
Baltimore    Baltimore   State   Baltimore   Baltimore	13e STREET AND NUMBER 21229 524 Charring Cross Rd.
Baltimore TES NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	Middle Lost
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
No   215-07-5609 Phv11is Sheubrook	6001 Gwynn Oak Ave. 21209
No 1215-07-5609   Phyllis Sheubrool  18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Combined effects of barbi  DUE TO, OR AS A CONSEQUENCE OF  Conduitions, if any, which gave  Conduitions, i	BETWEEN ONSET AND GEATH
PART I DEATH WAS CAUSED BY  PART I DEATH WAS CAUSED BY  ON PART I DEATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF ethano.	urate and
Canditians, if any, which gave	
rise to immediate couse (a), (b)  DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave itse to immediate cause (a), storing the underlying cause lost	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	N GIVEN IN PART 1(a)
196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  216 TIME OF INJURY Month, Day, Year 2 216 HOW INJURY OCCURRED (Enter na	20 AUTOPSY?
WAS PERFORMED?	YES 🔁 NO 🗆
E - E DOLGARDY FLOD CONTRIDICTIVE F HOURS AM 12-27-5.8	e af injury in Part 1 or Part 2, Item 18)
PRIMARY OR CONTRIBUTING HOUR A MOT 12-28-68  CAUSE OF DEATH  TOOK OVE  21d. INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street,   21f LOCATION Street or R.F.D. No.	City or Town County State
PRIMARY NOT INCLUDE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  21d. INJURY OCCURRED  WHITE  AT WORK  AT	
AT WORK AT WORK Home   524 Charring Cr  22a. I certify that I taok charge of the remoins described above, held an Autopsy [X], he death resulted from Notypal-courses [7]. Accident [7]. Suicide [X]. Homicide [7]	
death resulted fram. Notural couses Accident, Suicide X., Homicide	
death resulted from Notural couses Accident . Suicide X, Homicide  CHIEF MEDICAL EXAM.  ACTUAL  ACTUAL	
ACTUAL SIGNATURE MD ASSISTANT MEDICAL EX	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MED CAL EXAMINER (Type) ADDRESS (Street, city,	
PEMOVAL (Spec (w)	LOCATION (City or Town) (County) (State)
REMOVAL (Spec (v) Burial 1-3-1969 Loudon Park Cemetery B	tockhole (co.1 or lower) (constal) (Stock)
24. FUNERAL DIRECTOR ADDRESS 3250. RECD BY R	ltimore City Baltimore Md.



1/2/	ì	r		301 W. PRESTON STREET, BAL		
	1	17197		CERTIFICATE OF DEATH		17207
er death. funeral : 1 and 2 ter death.		(YPE OF PRINT)	. M₁ddle	Reuh L	20. DATE OF DEATH  Month  Do	1468 7:10 PM
within 24 hours after death.  Silvilled in by the funeral and papers. Pages 1 and 2 within 72 hadrs after death.	3 51	Female	4 RACE White	s. date of birth 2/26/98	6 AGE (in years last birthday) / O YRS	IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
4 hours	7o cau	BIRTHPLACE (Stote or foreign 7) Balto. Md.	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md.
ecuted within 24 ho completely filled in baye seed, within 72 ho	10. (	Catonsville	11. NAME OF HOSPITAL OR INS give Street oddress) Shangra La	Nursing Home	UAL OCCOPATION (Kind of work dane most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
amplets	13o. adm	USUAL RESIDENCE (Where deceosed ission) STATE Md.	lived, if institut on Residence before 13b. COUNTY Balto.	13c. CITY OR TOWN 13d. INSIDE CITY	13e. STREET AND NUMBER NO 2 411 Oak Cour	t, 21228
be exe and c e remo	14	ATHER'S NAME First John Johnso	Middle Lost	15. MOTHER'S MAIDEN NAME Anna	First Middle	Last
tificate hysician pleas val, and		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (Il yes give work	or dates of service)		Address h Smith, 411 Wak	
DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Day be retained by the haspital or attending physician and completely filled in by the funeral process. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remark could be detached for use as the burial, crematian, ar remaval, and in any event, within 72 haws after death.		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED FIMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sidely  2 Years
quires that the physician. signed by the burial-transit burial, cremat		rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	oget arthurute OT RELATED TO THE TERMINAL DISEASE OF	2 Sweep	10 years
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be defached for use as the burial-transed with the State Dept. af Health priar to burial, created with the State Dept.	CERTIFICATION	43.	INDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
ICIAN: 1 pital or tifficate d for us af Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING  or contributing cause of Death (If either, notify medical exomine)	215 TIME OF INJURY HOUR A.M. Month Doy Year P M 1	9	ter nature af injury in Part 1 or Part 2,	Item 18.)
G PHYSIC the haspi this certi detached e Dept. a	ME	While Not while at work	ACE OF INJURY ( AT HOME FARM, STREET, FAI OFFICE BUILDING ETC	01	.10	Caunty State
TENDING ined by t OR: After ould be of the State		22a. I certify that (I) (this saw the deceased aliv couses stated abave,	haspital) attended the decease we on	ed from, 19. 19 68, and that in (my) (our) o body after death. New acc	pinion degth occurred on the d	ote and hour ond from the
		22b, SIGNATURE Elicit W See 22d, PHYSICIAN'S	huesno		MED. STAFF DIRECTOR PHYS.	DATE SIGNED
O HOSPITAL Page 4 may O FUNERAL I director, pag	02	NAME (Type) Dr. E.	W. Johnson	CEMETERY OR CREMATORY	rederick Ave.	(County) (State)
TO HO Page To Fu		BUR AL, CREMATION, REMOVAL (Specify) BUT 1 8 12 FUNERAL DIRECTOR		on Park Cemetery	Baltimore Md.  By REGISTRAR 25b. REGISTRAR	, ,,
VR X (4) 30M REXX / 68	47.		dmondson Ave., 21		EC9 1958 ROL	carter Judge



1.31	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17208
o de contra de c	David Ward RIVERS   20 DATE OF DEATH   20 DATE OF
oges rs aff	S SEX  Male  Negro  S. Date Of Birth Feb. 29, 1958  6 AGE (In yeors lost birthdoy) Noning Days Hours Min
15 Kg	70 BIRTHPLACE (Stote or foreign Country)  8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Baltimore Md
	O CITY OR TOWN OF DEATH Owings Mills  Owings
amplete ave carb event,	30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) STATE Maryland 136 COUNTY Baltimore YES NO B51 George St.,
sician and camplease remave I, and in any ev	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle tost  John Ward RIVERS Marian Elizabeth WARD
ysician please al, and	160 WAS DECEASED EVER IN S ARMED FORCES? Yes, no, or unknown) (If yes give wor or dottes of service) Rosewood Records Owings Mills Md
d for use of Health	18. CAUSE OF DEATH (Enter only one couse per lime for (a)). (b), and (c))  PART 1 DEATH WAS CAUSE BY  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove isse to immediate cause (a) stoting the underlying cause (b). Over the action of the significant conditions (b). Over the action of the significant conditions (b). Over the action of the significant conditions (continue) of the significant conditions for which of the conditions for which of the conditions for which conditions
a be filed with the	22a. I certify that the (this haspital) attended the deceased from 2, 1964, ta 2-36, 1968, that K (we) last saw the deceased are, an 1968, and that in (w) (our) opinion death occurred an the date and hour and from the causes stated above, (we) (dia (a) ot) view the body after death.  22b. SIGNATURE  DEGREE PHYSICIAN'S NAME (Type)  22e. ADDRESS
N. 7. In	REPORT 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REPORT PORT 1-2-69 Mount Auburn Com. Baltimore, Maryland  24. FUNIDAL DIRECTOR 250. RECD BY REG STRAR 250 REGISTARS 5 GNATURE DATE AND 2 1969



· .	A PRESTON STREET, BALTIMORE, MARTLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.0
HEALTH DEPT.	I DECEASED-NAME First Middle Lost 20. DATE KNOWN [7] Month Doy	Yeor 2b. HOUR
of of	(Type or Print) CHARLIE HAROLD ROBERSON OF ESTI- DEATH MATED 12-15	19 68 M
ny deloy is 2, and 3 to PM3. Page partment of	3 SEX A PACE S DATE OF RIPTH 6 AGE 10 years 1 FUNDER 1 YEAR 4 UNDER 24 HRS 20 DATE PRONOUNCED DEAD	
delc and M3. I	25 1 27 MM Month Day Year	24 HOUR 4 05
deoth any deloy re Poges 1, 2, and 3 with form PM3. Pagine State Department	100 100 100 200 200 200 200 200 200 200	9 001 A.M
De 3		
for for	I Washing John Mede C. O. O. H.	Md
Page Hill	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital during most of working I fe, even if retired.) INDUSTRY	OF BUSINESS OR
offer deoth S. Give Pages 1, clong with form	(near) Timonium Harrisburg Expressway Laborer East	ern Pro
18. Gr. olong	130 JSJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN odm ssion) STATE 13b COUNTY Residence before 13c. CITY OR TOWN 13d MSIDE CITY MISS? 13e STREET AND NUMBER 5.7 K.O.	uth St.
2000	Ma V Baltimole Washington Active	X
Hours I from I lond 2 Later of the Later of	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
4 = 0	Arthur Roberson Lillie Mae Wor	sely
d within 24 hours a in pencil in Item 18. Examiner's Office of Fife pages 1 and 2 within 72 hour after decision 18.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
vith ormi e P	No. (Il yes give war or dates of service) 212-48-6080 Mr. Phillip Worsley 59 S. M	orley
te should be executed wir the word "pending" in pe d to the Chief Medicol Exar o burial-tronsit permit. Eile ind in any event within 72	APP	ROXIMATE INTERVAL EN ONSET AND DEATH
urte Icoll ithi	PART I DEATH WAS CAUSED BY.  Cerebro-cranial injuries  Cerebro-cranial injuries	IN UNSE AND DEATH
xec odin hed per t w	812.1 DUE TO, OR AS A CONSEQUENCE OF	
e e e per per lisit	Conditions, if ony, which gove )	
d b d : Chii Tron	rise to immediate couse (o).	
out wor he ial-	stoting the underlying couse DUE TO, DR AS A CONSEQUENCE OF	
sh of the burn of		
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages I and 7 with the Star iotion, or removal, and in any event within 72 hours after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica iting arded d os	Z ( / f	LITORCHO .
wil wil	196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION 20 / WAS PERFORMED?	AUTOPSY?
his ate,		ES NO
=	19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter not use of injury in Port 1 or Port 2, Item 18)  PRIMARY (X) OR CONTRIBUTING 3: 14 xm. 12-15 1968  CAJSE OF DEATH  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home form street)	
CAMINER: te the certi e 4 should your files. oge 3 shoul cremotion,	CAJSE OF DEATH 3:14 XXX 12-15 1968 Occupant in auto-auto collision	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, location) Street or R.F.D. No. (1y or Town County Harrisburg Expressway)	Stote
bical Examiner: se execute the certiver. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremotion,	21d. INJURY OCCURRED WHILE AT WORK AT WORK X  21e. PLACE OF INJURY (At hame, form, street, foctory, office building, etc.) Expressway # I-18  21l. LOCATION Street or R.F.D. No. City or Town County Harrisburg Expressway 1/4ml. S. of Padonia Rd. Timonium Ba	lt. Md.
Poor Poor Poor Poor Poor Poor Poor Poor	22a. I certify that I taak charge of the remains described above, held an Autopsy 🗓 Inspection 🗍, Inquiry 🗍, and	in my opinian
TY DICAL E	death resulted fram: Natural causes Accident XI, Suicide , Hamicide , Undetermined manner	, ,
pleose I direct retaine or to t	CHIEF MEDICAL EXAMINER	
ald le ple	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED	
MAY,	Signature T December 15	1968
D DEPUTY DICA necessory, please eithe funerol director of may be retained of FUNERAL DIRECTA Health prior to but	EXAMINER'S Charles S. Springate, MD.  ADDRESS(Street, city, town, or county)	
no DEPUTY DICAL EXAM necessory, pleose execute the the funerol director. Poge 4 5 may be retained for your OFUNERAL DIRECTOR: Poge Health prior to buriol, crem	230 BURIA., CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County)	(State)
	Burial 12-19-68 Hodgers Cemetery Little Washington	, ,
	24 FINERAL DIRECTOR ADDRESS 250 REGISTRAR 1250 REGISTRAR S GNATHRE	
VR A15ME (5	MORTON & DYETT F.H. 1701 Laurens Street Date 250 DEC 17 1968 REGISTRAR S S GNATURE	nage
10M REV 1/68	MOUTON of DIETI L. W. TIOT DESTRUITS DOLGA CLASS	

Them I befrione F. D. 12-1 MARYLAND STATE DEPARTMENT OF HEALTH



. 1 _ 1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT!	1. DECEASED-NAME (Type or Print) 7. First Middle Lost 20 DATE KNOWN LT Month Doy Year 2b HOUR
of of section	MANUSIUS A. 120BL DEATH MATED 1/2-12-1968 M
Pa Pa	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (n. years J. J. WOER YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR
ny delay is 2, and 3 to PM3. Page partment of	MALE WHITE 6-10-1903 65 YRS MONTHS DA'S MOURS MIR MODEL - POYZ - YEAT 1968 M
	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
er death Tny delay in Pages 1, 2, and 3 hg with farm PM3. Pa h the State Department h.	COUNTRY) MARYKAND UNITED STATES OF AWIDOWED DIVORCED DIVORCED DIVORCED DIVORCED MA
age age th f	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR
five Pages mg with far h the State	BASTIMORE ESSE give street address) SKIPJACK CT during post of work new feet red INDUSTRIP ETIREN
2 with death.	130 LSUAL RESIDENCE (Where deceased, Ived, finstitution Residence before 13c CITY OR TOWN odmission) STATE WARYLAND 13b. COUNTY BARTIMORE ESCHOLA YES NO X 23 SKIPJACK CT.
Office Jand 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
# # P P P P P	JOSEPH ROBL PAULINE SCHRAMEL
thin 24 incil in miner's pages haurs	160. WAS DEGLASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
mir pd	(Yes, no of unknown) (If yes give war or dotes of service) 2/5-09-09091305E H. ROBL 22 SKIPLACK CT. ESSEX
INER: This certificate should be executed within 24 pours are certificate, writing the word "pending" in pencil in (teg. 18 shauld be forwarded to the Chief Medical Examiner's Office of files.  3 should be used as a buriol-transit permit. File pages land 2 whatan, ar removal, and in ony event within 72 hours after de	
executed nding" in Medical   permit.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (d)  PART I DEATH WAS CAUSED BY  APPROX MATE INTERVA.  BETWEEN ONSET AND OLATH  BETWEEN ONSET AND OLATH
dim dim	IMMEDIATE CAUSE (ACCOUNTS)
pen ef N	Conditions, if ony, which gove )  (b)
Child by	rise to immediate cause (o), (
should be en word "per to the Chief I buriol-transit	stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF
ta the table of tab	(1)
This certificate should tate, writing the word be forwarded to the Che used as a buriol-troir removal, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rifica riting rarde rarde rarde val. o	390. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 120 AUTOPSY?
certif v. writh orwar used mova	WAS PERFORMED?
This be to be	YES NO
NER: The certifical hould be should be should be should be trian, ar	
A Share that the state of the s	PRIMADY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street on R.F.D. No. (Lity or Town) County State
L EXAMINER: ecute the cert Page 4 shaul far yaur files. R: Page 3 shau ial, crematran	AI WORK AI WORK
Xec Fig. Po	220. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 💢 Inquiry 💢, and in my opinion
ECT of the control of	deoth resulted from: Notyral couses Accident , Suicide , Homicide , Undefermined monner
please please I directe retained.	CHIEF MEDICAL EXAMINER
AL AL	SIGNATURE 1 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED
Sary Sary FLR Y by British FR	EXAMINER'S D TO DEPUTY MEDICAL EXAMINER 1 16-13-68
o DEPUTY DICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 shauld 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 shaul	NAME (Type) UR. IHEODORF C. PATTERSON ADDRESS(Street, cty town or county) 105 MAIN ST. Bo. G.
5 m + 2 m - 1	230. BILDIAL, CREMATION, 23b DATE 23c. NAME OF LEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
· Land	DURIAI" 112-14-68 HOW REDEF MERCEM BAKTIMORE MARY LAND
(3)	24 FUNERAL DIRECTOR  ADDRESS
VR A15ME (5) TOM REV, 1/68	DIPPEL BROTHERS INC 1800 E. LOMBARD ST. DATE DEC 1 6 1968 gellenles Judge
	BALTIMORE MARYLAND ZIB31





1			D STATE DEPARTMENT OF I		
	17202		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH		7212
1 1	DECEASED-NAME First	Middle	last	2a. DATE OF DEATH	
	(Type or pont) EARI		ROWLETT	Manth Day	Year 125 HOVE
3	SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	28 1968 D.M. IF UNDER YEAR IF UNDER 27 HRS
	MALE	NEGRO	OCTOBER 26.		MONTHS DAYS HOURS MIN
7a	BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
CG	PENNSYLVANIA	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md
10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR HVS		AL OCCUPATION (Kind of work done	126 KIND OF BUS NESS OR INDUSTRY
	FORT HOWARD	VETERANS ADM	INISTRATION HOSP.		SHOEIL,
adr	NISSMARYFAND	tived, 't institut an Residence befare  ANNE ARUNDEL.	GLEN BURNIE YES X NO		
-	FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME F	- U)O4 AALL AV	Lost
	EDDIE	ROWLE		GERTRUDE	HUDSON
160	WAS DECEASED EVER IN J.S. ARME	D FORCES? 166 SOCIAL SECURITY N	O 17 INFORMANT	Address	HODBOIT
	Yes na neunknawn) (fyes give wor	or dotes of service) 213 07 642	CLIN. REC., VI	ET. ADM. HOSP., F.	
	18. CAUSE OF DEATH (Enter only	ane cause per ne far (a), (b) and (c))			APPROXIMATE HIZRVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED IMMEDIATI	BY: PNEUMONIA E CAUSE (a)			TERMINAL
	16/9	DUE TO, OR AS A CONSEQUENCE OF			
	Candit ans, if dny, which gave in rise to immed ate cause (a),	( )	F LARYNX WITH METAS	STASIS	YEARS
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF  (c)			
			RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 3(a)	
No	1/14		The second second second		
		ONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
CERTIFICAT			YES NO 🗆	CAUSES OF DEATH?	
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, It	tem 1B)
MEDICAL	(II either, natify medical examine	r) P.M 19	ODY A CALL DESIGNATION OF THE PARTY OF THE P		
	While Not while	LACE OF INJURY ( AT HOME, EARM, STREET, FACT OFFICE BUILDING ETC	ORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
	22a. I certify that (4) (this	haspital) attended the decease	d from Sept. 5. 19 6	08 to Dec. 28 197	that M (we) last
	saw the deceased ativ	ve an <b>Dec. 28.</b>	-68 and that in (see) (our) and	nion death occurred on the dot	e ond hour and fram the
	causes stated above, 22b MGNATURE	(we) (did) (dec.) view the b	ody after death.	I aa n	ATT 1 CAUCA
	Pushou	dra Denan	MORGREE PHYS D	23 T T T T T T T T T T T T T T T T T T T	ATE 5 GNED 2 <b>29 68</b>
	22d PHYS CIAN S		22e ADDRESS	VICTOR - LUIS -	
L	NAME (Type) PUSH	PENDRA SENAN, M.D.	VET. ADM. I	HOSP., FORT HOWARD	D, MARYLAND
230	BURIAL, CREMATION, 23b DA		EMETERY OR (REMATORY	23d LOCATION (City or Town)	(County) (State)
0.0	BURTATECTY)		DRE NATIONAL CEMET		MARYLAND
19,	FUNERAL DIRECTOR		rles R. IAW 250 RECD B		Man Cudge
11 %	100000	(1)1/1/	MEGITECH ATA VALUE II	THE MANY KOOP	TI ANY NOTICE THE T

---.

MAKTLAND STATE DEPAKTMENT OF HEALTH





/				DIVUELONI 6		U SIAIE DEP						
			を含めるだ	DIAIZION C	F VITAL RECORDS,				E, MARYLAND	21201		
			まれるかり			CERTIFICATE	OF DE	ATH			1721	6
th.	五		CEASED-NAME First		Middle		ost	2a.	DATE OF DEATH			2b. HOUR
dea	dead	l (	(ype ar print) EDWAR	D		RUSZKIE	VICZ	De	cember	h 12%	1968	9:15h.
1 DA		3. SE		4. RACE		S. DA	TE OF BIRTH		6 AGE /	n waars	F JNDER 1 YEAR	IF UNDER 24 HRS.
de de	5		Male		White	Mar	ch 18	, 1891	last by	thday) YRS.	MONTHS DAYS	HOURS MIN
by Po	one	70 8	BIRTHPLACE (State or foreign	76. CITIZEN OF	WHAT COUNTRY?	B MARRIED NE			INTY OF DEATH			
Recuted within 24 haurs after death. 4 completely filled in by the unequal mave carbon papers. Pages Lend 2	event, within 72 hours	(don	Jdan, Poland	U.	S.A.	WIDOWED [	DIVORCED		Balt:	imore		Md.
n 2. illed	ii.		ITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR IN	STITUTION (If not in he	ospitol 1	20. USUAL OCC	JPATION (Kind of	work done	12b KIND OF B	USINESS OP
ithi iy fi ian	事かり		Eastpoint	git	415 Scared	ale Rd.#2	4. d	luring most of	vorking life, even	if retired)	Beth S	teel
d w lete	ti.	13a	USUAL RESIDENCE (Where decease	d lived if met	tution, Docidence kofere	13c CITY OR TOWN	13o. IN	ISIDE CITY LAMITS?	13e STREET AND		20 41.81	7001
omp	. 646	admi	ssion) STATE Md.	13b. COUNTY	Balto.	Eastpoin		□ NO □	415 Scar	rada l	Rd.#2/	
icate beexecut sician and com	> 1	14. F	ATHER'S NAME First	Middle			HER S MAIDEN	NAME First	7.43 .00	Middle	2 100 8 7 F C 2	Last
equires that the death certificate the physician. signed by the attending physician and burial-transit permit. Then please rem	in o		Stephen	Ruszk	iewicz			rgaret			Sarafin	
a au	pug	16a.	WAS DECEASED EVER IN U.S. ARMI	D FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORM		- 2007 0 0		Address	AGT CIT TII	
rysic ple	<u>p</u> ,	Y	es, na, or unknown) (If yes give wa	ar dates of service)	169-03-10		Rizerzl	ciewicz		Same		
cerrit p pt hen	Von			450 /0/50 000			atorbat	7.TO 11 TO 51	·	Danie	APPROXIM	LTE INTERVAL
# # .	กอา		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	BY.	General (a), (b), and (c)	Dabili	2.				BETWEEN ON	SET AND DEATH
dea fren rmijn	, ar		IMMEDIAT	E CAUSE (0)	Lab	B- 0170	/				+	
ine pe ai	ţ		Fondstrone if one which nove	DUE TO, O	R AS A CONSEQUENCE OF	10- Vas c	rla	Anni	1a. A			
the state of the s	E B		Canditions, if any, which gove to immediate couse (a),	[0]		-0-0-0		MI CGIE	~~~~			
train the	cre		stoting the underlying couse last.	DUE TO, OI	AS A CONSEQUENCE OF	Time in Ca	11/1/2	m. en	Nois			
y sic pnec	burial, crematian, ar remova			17								
OR ATTENDING PHYSICIAN: The law requires that the death certificate, be retained by the haspital or attending physician.  JIRECTOR: After this certificate has been signed by the attending physician e 3 should be detached far use as the burial-transit permit. Then pleas	ब		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEMITH BUT N	OT RELATED TO THE T	TERMINAL DISE	ASE OR CONDITI	ON GIVEN IN PART	1(a)		
lw ding	ır to	8	795 X	NINITION CON I	WIIGI ABER ANALISMA BE	ntonus Los			Test is kee			
The law re attending has been	with the State Dept. af Health priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR Y	VHICH OPERATION WAS PE		lo. AUTOPSY?		CAUSES OF DEATH	E FINDINGS ( 1?	ONSIDERED IN CER	TIFYING
r af	를 시	ERTI	01- ACCIDENT WAS UNKERNIVING	Lau Tive			YES 🗀	NO 🗍				
AN: olo	Hea		210. ACCIDENT WAS UNDERLYING		OF INJURY A. Manth Day Year	21c HOW INJ	URY OCCURRE	D (Enter noture	of injury in Port	l or Port 2,	Item 18.)	
Did itte	Ġ .	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) P.N	۸. ۱	9						
HY.	ept	Σ	21d INJURY OCCJRRED 21e. F While Not while the at wark	LACE OF INJUR	Y (AT HOME FARM, STREET, FAR OFFICE BUILDING, ETC	TORY.) 21f. LOCATION	N Street ar F	R.F.D. Na.	City or Tawn		County	State
the det	e D		at wark at wark						Α			
be a feet	Stal		22a. I certify that (I) (this saw the deceased all	-posbitat) o	ttended the decease	ed from	1196/	., 19	to	, 19	<u>►&amp;</u> , that	(I) (we) last
ENE Ped	je L		causes stated above,	ve an <u> </u>	1) (did not) view the	hady after death	<i>م)</i> (my) ان	puet opinian o	leath accurred	an the do	ite and haur a	nd tram the
ATT Paris To Show	₤		22b SIGNATURE	(i) (ize)(aii	) (diamont sless lile	bddy difer dediff	•			220	DATE SIGNED	
S FEE	3		Manyel V	20	om	DEGREE	ATTENDING PHYS,	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED	62
y by	įį,		22d, PHYSICANS				22e. ADDRESS	— DIRECTOR	Trills.		() A	1
SPITAL OR ATTENE 4 may be retained 4 May be retained 6 May be retained 6 May be retained 6 May be retained	pe ;		NAME (Type)	lanuel	P. De Leon			8401	Postern	are	- 100	中,194
OSI UNE	م ا	230	BUR AL, CREMATION, 23b. D.		· · · · · · · · · · · · · · · · · · ·	CEMETERY OR CREMA			LOCATION (City or	Town)	(County)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us	shauld be filed v	2.50.	PEMOYALISpergfy) 12-	14-68.		s of Fait		Ker	wood Av	&Tru	mps Mil	LRd. Md
	W	24.	FUNERAL DIRECTOR					REC'D BY REGI		REGISTRAR'S		
	EV 1/68	1	rader & doil	P	224 Easpers	n Ave.		EDEC 1		Mila		al
		AV.	WALL ALL				Lovi		1000	(F		-

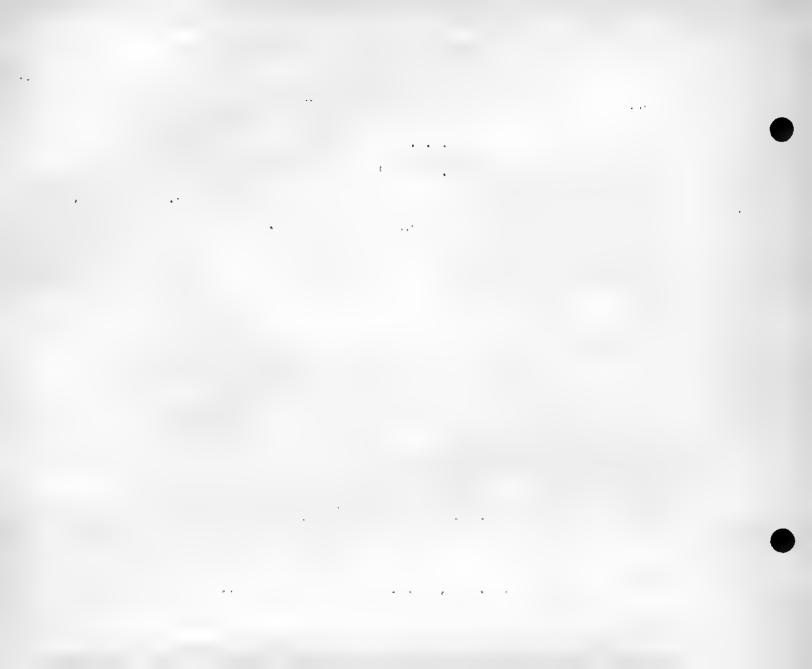
\*\* .

b/ 2 . . 3 • : ,

1	1	17000	DIVISION OF VITAL RECOR	IN TO SOLE					
A	T+	em5 FilmG407 1			ATE OF DE			7218	
رغياهي ع	1 D	CEASED-NAME First	Middle	-	Last		DATE OF DEATH		2b. HQUR
	(	ype or print) Anna	В.	SABA	LHUSK	45	lec Month / 3 Do	y 68 Year	23 M
	<b>3</b> . SI	X	4 RACE O		S. DATE OF BIRTH	1890	6. AGE (In years	IF UNDER I YEAR MONTHS DAYS	JF UNDER 24 HRS.
S F	L	Kemale	White		July 26	1891	iast hatbdoy) YRS.	MONTH'S DAYS	HOURS MIN
by hou	7o	BIRTHPLACE (State or foreign	76. CIT.ZEN OF WHAT COUNTRY?		NEVER MARRIED	<b>'</b>	NTY OF DEATH		
24 h ed in pers		Lithuania	U.S.A.	WIDOWED		Da	Ltimore		Md
ficate be executed within 24 haurs after death ysician and campletely filled in by the cured please remave carbon papers. Pages, and al, and in any event, within 72 haus, after earn	10.	OCT - TOWN OF DEATH	11, NAME OF HOSPITAL ( give street address)			during mast of w	PATION (Kind of work done rarking life, even if retired.)  1	126. KIND OF I INDUSTRY	JUSINESS OR
ed w	130.	Catonsville USUAL RESIDENCE (Where decease	sed lived, if institution. Residence be	Jursing H	TOWN 13d.	INSIDE CITY LIMITS?	13e STREET AND NUMBER		
ecuted with campletely ave carbar y event, wi	adm	ssion) STATE Marylan		Balti	YES	S NO .	1335 Herki	mer St	21223
e execut and cam remave in any ev	14	ATHER'S NAME First			. MOTHER'S MAIDEI	N NAME First	Middle	1114.4.4	Lost
be n an se re		Unkno				Unknown			
ficate by sician ysician please		WAS DECEASED EVER IN 5 ARA es, no, or unknown) (If yes give w	and the desire of the second s		NFORMANT		Address		21229
phy ova			212-07-		r, John	Sabalaus	skas, 128 Wes	rowne P1	ace
E E		1B. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	nly one cause per line for (a), (b), an	( )	1 50.	mach			SET AND DEATH
in it is		PART I DEATH WAS CAUSEI		una.	er sico	www.c-		3 22	ionthe
the and the ation of the ation		Canditions, if any, which gove)	DUE TO, OR AS A CONSEQUENC	E OF	/				
hat n. n.y th onsi		rise to immediate cause (a), stoting the underlying cause(	(b) DUE TO, OR AS A CONSEQUENCE	E OF					
es t sicial sicial bed b of-tra		ost	(c)						
e law requires that the death rerising the standing physician.  as been signed by the attending phy as the bur at-transit permit. Then priar to burial, cremation, ar remova		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DIS	SEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
ding ding een the ir tal	8	15/1							
the law ratending has been is as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
무 무 후 후 후 기	ERTE	21g. ACCIDENT WAS UNDERLYIN	NG 21b TIME OF INJURY	los, u	YES T	NO Z	of injury in Port 1 or Part 2,	Itam 103	
PHYSICIAN: The e haspital ar atte his certificate has stached far use a Dept. af Health pr		THOR CONTRIBUTING THE CAUSE OF DEAL	TH HOUR A.M. Month Day	Year	AM INDOK) OCCURR	ED (EINEI NOMIE	or injusy in roll 1 of roll 2,	HRIH LO'Ì	
HYSICIA haspital s certific ached fa	MEDICAL	(If either, notify medical exami 21d INJURY OCCURRED 21e.	P.M.  PLACE OF INJURY (AT HOME, FARM, STR.  OFFICE BUILDING, ET	19 EET FACTORY.) 23f LC	CAT ON Street or	R.F.D. No	City or Town	County	Stote
PHYSIC ne haspi this certi etached Dept. a		While Not while of work	OFFICE BUILDING, ET	. /			·	,	
DING PHYS by the has ther this ce be detache State Dept.	П	22o. I certify that (i) (th	alive an	eased from	8-15-6	5-19	to 12-13-68, 1	7, that	(I) (we) lost
ENDING ned by the R: After uld be d the State	1	saw the deceased a	e, (1) (wa) (dia) (dia ) view	the body after	d that in (my) ( death	(eut) opinion (	leath occurred an the d	ate and haur	and from the
AITI Stain Shar ith 1		22b. SIGNATURI	1	1.9			220	DATE SIGNED	^
OR ATTENI be retained birECTOR: A je 3 shauld		Hotterer	harblet 5	DEGR.	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	2136	
rAI page e file	1	22d. PHYSICIANS JOHA	A. NESXIT	7-10	22e. ADDRESS		a DI K	75	Til
Page 4 may be retained by the haspital ar (O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt			11 14 10011	1//2	1007	grade	cici og Da	renery )	1228
Ho oge Fullired Shau	23a	DEMOVAL (Comp. 6.4)		E OF CEMETERY OR			LOCATION (City or Town)	(County)	(Stote)
2 2 3	24	BURTAT, 12 FUNERAL DIRECTOR		y Redeeme	er Cemete	REC'D BY REGI	altimore, Mar	S SIGNATURE	
VR A15 (4) 30M REV. 1/68			ard, 4107 Wilkens		1	ATE DEC 1			dat
			*			0.01			7/2-



MARYLAND STATE DEPARTMENT OF HEALTH



1		17208	DIVISION OF			EPARTMENT O		MARYLAND 2120	1	
1		1.12330	DIVISION OF			TE OF DEAT		NAKILAND ZIZU	17221	)
		(EASED NAME First ype or print)		M ddle		Lost	,	OF DEATH Month	Doy, C deor	2b HOUR
		EDW		FRED		AEHLER	DECI	EMBER 22	, Doy 1968 or	6:00M
	3 SE	X	4. RACE		1	DATE OF BIRTH		6 AGE (In years	F JNDER 1 YEAR  MONTHS   DAYS	F JMDER 24 HRS. HOURS MAN.
		MALE		ITE		APRIL 23,	1890	last birthsley)	rRS.	AITH.
	7o E	.RTHPLACE (Stote or foreign	7b CITIZEN OF W		8 MARRIED X	NEVER MARRIED		OF DEATH		
		MINNESOTA	V5		MIDOMED	DIVORCED [		PIMORE,		Md
	10 C	TY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR IN	stitution (if not	n hospitol 120 .	STAL OCCUPAT	ON (Kind of work de	one 12b KIND OF I INDUSTRY	BUSINESS OR
		TOWSON	9110	ST. JOSEPH		AL GOOM	g most of work	ing te, even if retire	in j	
į	13o odmi	USUAL RESIDENCE (Where deceos	ed ved, if institut	ion Residence before	13c CITY OR TO			STREET AND NUMBER		
	-	ssion) STATE MARYLAND	BALTIM			`	NO 4 26		ING ST. #	
	.4. 1	ATHER'S NAME First	Middle	Lost	15. A	NOTHER'S MA DEN NAM	<sup>AE First</sup> >	Middle	9	Lost
	17	TRANK		AEHLEN	112 115	Present Control of the Control of th				
			ner or dates of service)	16b SOCIAL SECURITY		ORMANT	CA C 111	Addres		
		/NK				AE S	AEHL.	2=7(	ABOULE	ATE NYERVAL
		<ol> <li>CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE</li> </ol>	n n v							ISET AND DEATH
		IMMED!/	ITE CAUSE (0)	Pulmonary	Emboli	Sm				
		450 X	DUE TO, OR	AS A CONSEQUENCE OF						
		Conditions, if ony, which gave rise to immediate cause (a),	(b)							
		stoting the underlying couse lost		AS A CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT COI	(E)	TING TO DEATH BUT A	OT BELATED TO T	IF TERMINAL DISPASE	OR CONDIT ON C	SIVES IN DEBT 1/-3		
		LC	IDITIONS CONTRIBE	TING TO DEATH BUT R	OF RELATED TO T	TE TERMINAL DISEASE	OK CONDITION C	SIVEN IN PART +(c)		
	NOIL	.90. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RECIPIATO	20o. AUTOPSY?	1201	o. IF YES, WERE FINDING	GS CONSIDERED IN CE	PTIEVING
	FICA	. 70.0112 01 01 210111011		TOTAL STREET	ILI WILLIAM			USES OF DEATH?	OJ CONJIDENCED III CE	(11)
	CERTIFICATION	21o ACCIDENT WAS UNDERLYIN	G 216 TIME O	FINJURY	21c HOW			sajury in Port 1 or Por	1 2. Item 181	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR AM.	Month Doy Yeor		,			,	
		21d. INJURY OCCURRED 2ie.	PLACE OF INJURY	AT HOME FARM, STREET, FA OFFICE BUILDING, ETC	TORY.) 215 LOCA	TION Street or R.F.D.	. No.	City or Town	County	Stote
		While Not while of work		COFFICE BUILDING, ETC	1			,		
		22a   certify that (I)-(th	is hospital) att	ended the deceas	ed from Dec	ember 18,1	9_68_, to_	December 2	229_68 , that	(V) (we) last
		22a I certify that (1) (the saw the deceased a causes stated above	live on Dece	mber 22,	9 <u>68</u> , and t	hot in (pay) (our)	opinian dea	th occurred on the	e dote and haur o	nd from the
			, (ve) (did)	(did not) view the	bady offer de	oth.				
		22b SIGNATURE	1/2 /2/L	, , ,	DECREE	ATTENDING	MED DIRECTOR	STAFF D	22c DATE SIGNED  December	22.1968
		22d. PHYSICIAN'S	WO-111	1	DEGREE	PHYS 22e ADDRESS	DIRECTOR &	PHYS. L29	DOGGMENT	
		NAME (Type) Samue	1 C. Lee	M. B.			rk Rd.	Baltimore,	. Md. 2120	121
	230	RUPIAL CREMATION 23h			CEMETERY OR CR	* *		ATION (City or Town)	(County)	(Stote)
f	14 -	REMOVAL (Spec fy)  UNERAL D RECTOR	12/24/6	8 LOUD	_	6K	B	ALTE.	M 1)	(31010)
	24	TUNERAL D RECTOR		ADDRESS			D BY REGISTRA	R 2Sb. REGISTR	AR S SIGNATURE	
		J.E. CONNI	FLLY	50 25	300 M	4 CE DATE U	EC 24	1968	carres for	1ge



, 1		MAKTLAND STATE DEPARTMENT OF HEALTH  A PART DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17221
HEALTH DEPT.		PECEASED-NAME First Middle Lost 20 DATE KNOWN AT Month Day Year 12h HO .
72 0 0 W		Type or Print) Concetta Catherine Sappington DEC. 14, 66
delay and 3	3 9	EX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 IRS 2c DATE PRONOUNCED DEAD 2d HOU
9 8 2	F	1,00
Dep Dep		BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEYER MARRIED 9. COUNTY OF DEATH
es fair		rederick U.S.A. WIDDWED DIVORCED Baltimore County
		Randallstown  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution (If not in hospital or institution)  Randallstown  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution)  Give street oddress)  Randallstown  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution)  Give street oddress)  House Wife
Street de Grye. I man the the		Randallstown  give street oddress)  Balto. Co. Gen. Hospt.  during most of working life, even if retired.)  House Wife  LSUAL RESIDENCE (Where deceased ved, if institution Residence before 13c. CTY OR TOWN  13d. MISSOC CITY LIMITS?  13e. STREET AND NUMBER
ak ak	0	dm ssion) STATE Maryland 13b. COUNTY Balto. Balte.#7 YES NOT 8052 Milton Ave. 21207
I haurs Item 11 Office 1 and 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
		Charles Marino (nee Marino)
encil ha magris pages 2 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO  17. INFORMANT  ADDRESS  ADDRESS
2 et 2		NOT 216/20/5813 James L. Sappington 8052 Milton Ave. 21207
~ <u> </u>		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART 1 DEATH WAS CAUSED BY
be executed "pending" ir hief Medical I ansit permit. I event within		1/2/0 IMMEDIATE CAUSE (0) (BUNGAN ROCK ON COLOR
e ex pen ef M ef M		Conditions if any, which gove )
td b rrd : Chii		rise to Immediate couse (o), (b). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
INER: This certificate shauld be execute e certificate, writing the ward "pending" shauld be farwarded to the Chief Medical files. 3 shauld be used as a burial-transit permit attan, or removal, and in any event with		lost (c)
the started a point of the individual of the ind		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART MO)
us certificate te, writing th farwarded to se used as a k removal, and	*	331X Diabelts Ghelities
writi arwar used moval	SI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
ifficate, d be for lost references of the second place of the seco	CERTIFICATION	YES NO
KAMINER: The tertificate the certificate 4 shauld be your files. age 3 shauld tecremation, or		PRIMARY OR CONTRIBUTING HOUR A.M.
INER e cer shaul files. 3 shau	MEDICAL	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 2:f. LOCATION, Street or R.F.D. No City or Fown County State
		WHILE AT WORK TO AT WORK TO FOCTORY, office building, etc.)
		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Annuiry and in my opinio
rcal E executor tar Paged for CTOR: P burral,		deoth resulted from Natural causes [7]. Accident [7], Suicide [7], Homicide [7], Undetermined manner [7]
0 5 2 2 2		CHIEF MED CAL EXAMINER
2 _ 22		SIGNATURE 1 - 1 COM 4/1 C/ CAS MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
		EXAMINER'S DEPLTY MEDICAL EXAMINER 4 12/14/6
O DEPUTY necessary, the funera 5 may be 0 FUNERA	02	NAME (Type) J. Nelson McKay ADDRESS(Street, city town, or county)
07 a = 2 07 = 1	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
	24.	FUNERAL DIRECTOR  Dec. 16, 68 Lake View Memorial Park Liberty Rd. Balto. Co. Md.  ADDRESS 21133  256. RECU BY REGISTRAR'S SIGNATURE
VR A15ME (5)		Loring Byers 8728 Liberty Rd. Randallstown DATE DEC 17 1968 Acharles Judge







	DECEASED NAME Fire		CERTIFICATE OF DEATH	2g. DATE OF OEATH	2b. HOUR
5 5 5	(Type or print) Mar	y - S(	CHELLENSCHLAGER	Month Oay	7egr 5:45 <sup>3</sup> M
3	SEX	4. RACE	5 DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
8 2	Female	White	6/30/20	lost birthooy) YRS.	MONTHS DAYS HOURS MIN
ن حد د	a BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 2	. COUNTY OF DEATH	
burial, tremation, or removal, and in any event, within 72	Maryland	U.S.A.	MIDOMED DIAORCED .	Baltimore	Md.
) [10]	Owings Mills	11 NAME OF HOSPITAL OR IN: give street address? Rosewood Sta		OCCUPATION (Kind of work done to of working life, eyen if retired ) Dependent	126 KIND OF BUSINESS OR INDUSTRY none
or and	mission) STATE	ased lived if institution: Residence before 33b. COUNTY	13c. CITY OR TOWN 13d INSIDE CITY JIM	The street treet to the street	
	Marylan  4. FATHER 5. NAME First	Middle Last	Baltimore   TES   NO		Last
	Mathias				Schellenschla-
1	6a WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECURITY		Address	Policite Herischia
	Yes, na, ar unknown) (If yes give	war or dates of service) none	Rosewood Record	s, Owings Mills,	Maryland
	18. CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), and (c) ED BY.	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY.  MATE CAUSE (a) SOLA IL	19	1 1	6 whenc-
j	3/3 X	DUE TO, OR AS A CONSEQUENCE OF		07/6	
	Canditions, if any, which gave use to immediate cause (a)	1 10 XSDIALTE	an Castrie	Contents	eimenel
	stating the underlying cause		Y		
	last 3255	) (c)			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT A	OT RELATED TO THE TERM WAL DUTEASE OR CO	NO TO A GIVEN IN PART -1(4)	301
100	19a, DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	in MiStefisher		279.53-
	19a, DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION WAS PE	200 7.070. 71.	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	/
/   8	210 ACCIDENT WAS UNDERLY	NG 216 TIME OF INJURY	YES X NO		yes
Ë [3		ATH HOUR A.M. Manth Oay Year	21c HOW INJURY OCCURRED (Enter r	loture of injury in Part 1 of Port 2, 16	em 18 }
MEDICAL	(If either, natify medical exam			City or Town	Caunty State
	at wark at work	PLACE OF INJURY ( AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC			
te [		his hasnitall attended the decoase	J L 6/90 10/90	) to 12/20 19	for the state of t
200	220 I certify that (2) (3	alum an	ed from 6/29 , 19 29		60_, that (№ (we) last
Stote	saw the deceased causes stated above	his haspital) attended the decease alive an 1 e, 60 (we) (aid) (what was view the	9 69, and that in (My) (aur) apini	an death accurred on the dat	e and hour and from the
Stote	saw the deceased causes stated abox	alive an 120 live (we) (did) (that rox) view the	body after death.	an death accurred an the dat	e and haur and from the
	causes stated above	alive an 1720 lee, (b) (we) (did) (abstract) view the	body after death.  ATTENDING MEI	an death accurred on the dat	e and haur and from the
	causes stated above 226 SIGNATURE 220. PHYSICIAN S	e, (b) (we) (void) (whet rock) view the	DEGREE ATTENDING MEI  DEGREE PHYS DIR  22e ADDRESS	an death accurred on the dat	e and hour and from the ATE SIGNED 12/20/68
	causes stated above	(ve, (b) (we) (fold) (phot rox) view the	DEGREE ATTENDING MEI  DEGREE PHYS DIR  22e ADDRESS	an death accurred on the dat	e and hour and from the ATE SIGNED 12/20/68
should be filed with the Stote Dept. of	22d. PHYSICIAN S NAME (Type) Rich	ard A. Jones, M.D.  DATE  23c NAME OF	DEGREE ATTENDING MET DIR STENDING DIR D	an death accurred on the dat	e and hour and from the ATE SIGNED 12/20/68
23	causes stated above 22b, SIGNATURE  22d. PHYSICIAN'S NAME (Type) Rich a BUR AL, (REMAT ON, PEMOVAI (Specify)	ard A. Jones, M.D.	DEGREE ATTENDING MET DIR PHYS DIR ROSEWOOD ST	an death accurred on the date of the start o	e and hour and from the  ATE SIGNED  12/20/68  ings Mill, Md.  (Caunty) (State)









	Item14 Film6407 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(2)	17217 CERTIFICATE OF DEATH 17228
death.	DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) M.Anna Schramm  December 5 1068 M
er d fune	SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years funder 1 year if under 24 hrs
by the funerol Pogges ond	Female White March 13, 1880 88 Worths DAYS HOURS MIN
24 hours after deoth ed in by the funerol ppers Poges on 72 hours after death	BIRTHPLACE (Stote or foreign Md. U.S.A. WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED MEVER MARRIED NEVER MARRIED MEVER MEV
n 24 Illed pape	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 175 KIND OF RUSINESS OR
physician ond templetely filled in ten please remove-carban papers ovol, and in ony event, within 72 h	Baltimore , give street oddress) during most of working life, even if retired ) NDUSTRY none
rear the same	O USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CHY OR TOWN 13d MSIDE CHY LIM 15? 13e STREET AND NUMBER MISSION) STATE 1/13b. COUNTY
5 5 5	Md. Balto Balto 4637 Manordene Rd. 21229
ond rem	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
te b	Conn S. Schrednin Kling Caroline Brack  6a. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO   17 INFORMANT Address
ifica ysic	Yes, no, or unknown) (If yes give war or dates of service) 212-16-8199D Mrs. Carolin Preston, 6323 Falls Road.
e deoth contending ortentit. The on, or rem	18. CAUSE OF DEATH (Enter only one cause per line for (d) (e), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OP AS A CONSEQUENCE OF  Conditions, (i only, which gave)  (b)  DUE TO, OP AS A CONSEQUENCE OF  CONDITIONS (i) ONLY WHICH gave)
equires that the physician. signed by the burial-tronsit burial-tronsit burial-tronsit is burial, cremati	stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   (c)   C C C C C C C C C C C C C C C C C C
requir g phy: n sign e buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retoined by the hospital or attending physician.  5 FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, and	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTDPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retoined by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us	G CAUSE OF DEATH HOUR A.M. Month Day Year
OR ATTENDING PHYSICIAL be retoined by the hospital JIRECTOR: After this certifice e 3 should be detoched for ed with the State Dept. of H	Caunty   County   C
ING by th ter t ter t	22a. I certify that (I) (this haspital) attended the deceased from (1), 19 (1), to (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ATTENDING stoined by the CTOR: After the should be dittered by the should be districted.	saw the deceased alive and the date and haur and from the causes stated above, (1) (ac) (did) (did) view the bady after depth.
OR AT De retoi VIRECTO Be 3 sho ed with	22b SCHATTERS ATTENDING MED STAFF 22c DATE GNED
NL O y be gge filed	22d, PHYS CIAN S  22e ADDRESS  22e ADDRESS
SPITAL 4 moy VERAL for, pod	NAME(Type) Dr. Charles F. O'Donnell 7501 York Road, 21204
O HOSPITAL Page 4 moy O FUNERAL director, page -shauld be fil	To BURIAL CREMATION 235. DATE 23C NAME OF CEMETERY DR CREMATORY 23d LDCAT ON (City of Town) (County) (State)
22 2 5	REMOVAL (Specify) Burial 12/7/68 Prospect Hill Cemetery Bartimore, Md.
VR A15 [4]	4. FUNERAL D.RECTOR ADDRESS 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Witzke, 4101 Edmondson Ave. 21229

· 113



		a Med 1 fd	DIVISION OF VITA	MARYLAND STA L RECORDS, 301 W	. PRESTON STRE	ET, BALTIMOI	.TH RE, MARYLANI	21201	17230	
ī	DE	CEASED-NAME FIRST		M.ddle	FICATE OF E	PEATH				
- 1'		/pe or print)	24				DATE OF DEATH Mon	th _ Do	Y - C Yeor	26. НО∪₽
3	SE	<b></b>	4. RACE	RIE	SCHWEIGER  5 DATE OF BIRT		cember	10,	1968 T YEAR	8:40 M
ľ							a last bi	irthday)	MONTHS DAYS	HOURS MIN
7	'a B	RTHPLACE (State or foreign	75 CITIZEN OF WHAT CO		June 9,		UNTY OF DEATH	YRS		
	caun	fry)		MAKE	IED 🔲 NEVER MARRI VED 📆 DIVORCI	LUL .				
1	D. (	Itimore Md.	U.S.A.	HOSPITAL OR INSTITUT ON	- Andrews	120 USUAL OCC	Baltimore UPATION (Kind of	wask dage	12b KIND OF I	Md 253H2H2
		Потто от	give street o	ddress)		during most of	working life, ever Home	n if retired )	INDUSTRY	after wife after after after after
1	3а	Towson USUAL RESIDENCE (Where decease	d lived, f institut an R	sidence before   13c. CIT	OR TOWN 3	d INSIDE C TY LIMITS?	13e STREET AND			
3 0	dme	ssion) STATE	135. COUNTY Balto			YES NO		aker	ave	
7 1	4 F.	ATHER'S NAME First	M.ddle	Last	IS MOTHER'S MAIL	DEN NAME First	<u> </u>	Middle	9 7 0	Losi
		John E. Wi	nittinato	n	Rac	hel E.	Ward			
1	16a	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b 5		7 INFORMANT			Address		
	10	as, no, or unknown) (If yes give wai	or dates of service)	9-12-9641	Famil	y reco	rds			
		18 CAUSE OF DEATH (Enter only	ane cause per ne far	(a), (b) and (c))					APPROXIM BETWEEN OA	ATE NTERVAL
		PART I DEATH WAS CAUSED IMMEDIAT	BY E CAUSE (a)CEF	EBRAL VASCI	LAR HEMOR	RHAGE				
		7219	DUE TO, OR AS A C							
		Conditions, if only, which gave rise to immediate cause (a).	(b)							
		stating the underlying cause(	DUE TO, OR AS A C	INSEQUENCE OF						
	ļ	lasi	(c)							
		PART 2. OTHER SIGNIFICANT CONE	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL I	DISEASE OR CONDIT	ION GIVEN IN PART	1(a)		
- 1	8	331X								
	CERTIFICAT.ON	190. DATE OF OPERATION 196, CO	ONDETION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPS		CAUSES OF DEAT		ONSIDERED IN CEI	RTIFYING
4	2	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJUI	- In	YES	NO.				
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Mar	th Day Year	HOW INJURY OCCUP	KKtO (tries natur	e at injury in Port	1 or Port 2,	Item 18.)	
	w r	(If either, natify medical exomine 21d INJURY OCCURRED 21e P		S FARM STREET FACTORY 1 01	LIOCATION SILVE	- N 6 10	( ) T			61.
H	-1	While Nat while	OFFICE	E, FARM, STREET, FACTORY.) 21 BUILDING, ETC	T LUCATION Street	OFK, FU NO.	City or Town		County	State
	- 12	AL STORY OF THE PROPERTY.	hospital) attender	the deceased from	Dec. 5	19.68	to Dec.	O 19	68 that	//\ (wo\ last
		22a. I certify that XI) (this saw the deceased oil	ve on Dec. 10	19 68,	and that in (my)	(aur) opinian	deoth occurred	on the do	ate and haur o	ind from the
н		couses stated obove,	(I) (we) (did) (did r	ot) view the body of	er death.					
П		220 SIGNATURE	へて、エ	112	ATTENDING	☐ MED	STAFF	Х	DATE SIGNED	
		acquerous .	0 1 0	VIZON I	EGREE PHYS	DIRECTO	PHYS	TL De	c. 10,	1968
	1	22d PHYSICIANS NAME (Type) Pogral	ado T. Dizo	n M.D.	22e ADDRE		Dá To		MA OTO	nl.
=							Rd., To			
12	30	BURIAL, CREMATION, 236. DA	/13/68	23c NAME OF CEMETERY			LOCATION (City o		(County)	(State)
	24 1	UNERAL DIRECTOR	13/00	Loudon Pa		So REC'D BY REG	Baltimo	REGISTRARS	1d .	
ď		C.F. EVANS &	CON 0000			DATE DEC 1		Och	arles Ju	dat
NL		CALALYHIND G	SUN COUL	nal or o		WILL OF A	U IVVV	1		1

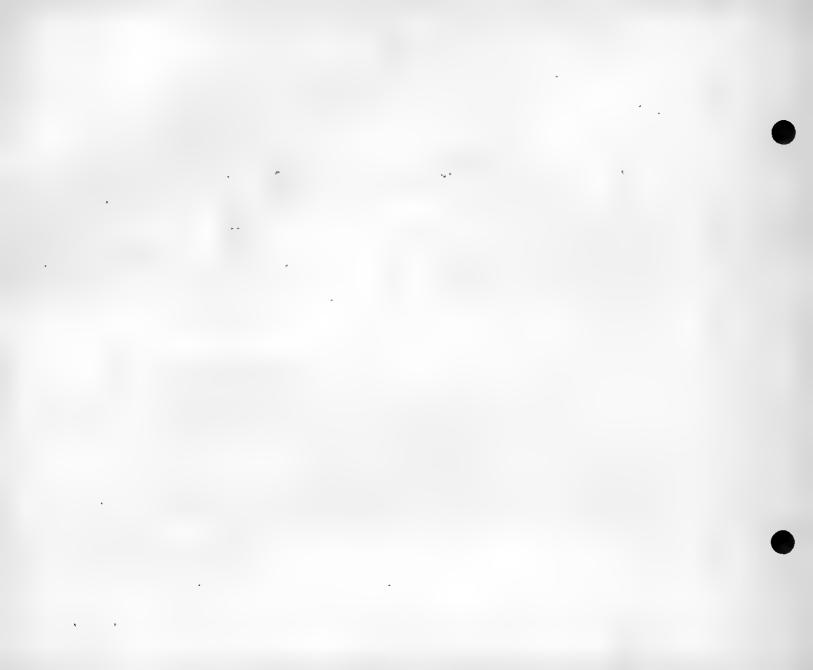


É		17220		ERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201 TH	17231
		Type or print) CLARI	Middle ENCE EDWARD	SCOTT	2a. DATE OF DEATH Month	2b. HOUR 4:35A
	3. \$	MALE	4. RACE Negroid	S. DATE OF BIRTH 1/27/94	6 AGE (in years last bathlay) YRS.	MONTHS ORYS HOURS MIN
	con.	TRGINIA	U.S.A.	8 MARRIED A NEVER MARRIED DIVORCED DIVORCED		VTY, Me
2		CITY OR FOWN OF DEATH FORT HOWARD	11. NAME OF HOSPITAL OR INS give street address) VET . ADT . HC	SPITAL	tSLAL OCCUPATION (Kind of work done ing most of work no life, even if retired ) LOW GSHORE IAN	126 K NO OF BUSINESS OR INDUSTRY SHIPPING
	13a adm	USUAL RESIDENCE (Where decease I ssion) STATE ARYLAND	d lived, if institution: Residence between 13b COUNTY	13c CITY OR TOWN 3d. INS 0	I3e STREET AND NUMBER 3309 Paton	Ave.
		FATHER'S NAME First JUNIOR	Middle Last SCOTT	IS. MOTHERS MAIDEN N	AME First M'ddle LEANORA	UNKNOWN
	16a	WAS DECEASED EVER IN U.S. ARME	D FORCES?  T doles of service)  16b. SOCIAL SECURITY N 705 10 33	0 17 INFORMANT CLIN.RECORD	s, va hosp. ft howai	RD, MD.
		PART I DEATH WAS CAUSED  1MMEDIAT  433 9  Conditions, if any, which gave 1	DUE TO, OR AS A CONSEQUENCE OF		ř	APPROXIMATE STREET AND DEATH O DAYS  LA DAYS
	NO	332X	OFFICENS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	TO MIDDLE CEREBRAL E OR CONDITION GIVEN IN PART I(0) TH	ROMBOSTS
)	CERTIFICATION	190 DATE OF OPERATION 196 CO	ONDITION FOR WHICH OPERATION WAS PER	YES 🔲 🕴	20b IF YES, WERE FINDINGS CO	
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19		(Enter nature of injury in Part I ar Part 2, 1	Caunty State
		at wark of wark 22a I certify that (\$\$ (this saw the deceased all causes stated abave,	haspital) attended the decease ve an 12/18/80 14	d fram 12/12/68	19, ta12/18/68 19 ') apınian death accurred an the da	, that (1) (we) las
	730		GE G. C ELFATRICK	DEGREE PHYS  N. D. 220 ADDRESS F  EMETERY OR CREMATORY	MED. STAFF PHYS PHYS ORT HOWARD, PLARYLAN  23d LOCATION (City or Town)	DATE SIGNED 12/18/68 D ((aunty) (State)
3	230	BURIA, (REMATION, REMOVAL (Specify) BURIAL   1 FUNERAL DIRECTOR   /	2/23/68 BALTO	NATIONAL	BALTIMORE, MAR	YLAND
J	1	), R. Bailly	KELSON <sup>3</sup>	NO Calhoupay	C By REG STRAP 68 25b REGISTRARS	las judge



	1	MARILAND SIAIE DEPARIMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	3 2 2 2 2 2
¥ =24		ECEASED NAME First Middle Last 2a. DATE OF DEATH  Type or pnnt) - 2	Mear 75 HOUR
deoth.		KILH MUMINS SCOTT 12 21	// /- /-M
Mours after death The funeral	3 51		JNDER LYEAR IF UNDER 24 HRS DNTHS DAYS HOURS MIN.
our Pours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 9 COUNTY OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	cgui	NEN JEREEN USA WIDOWED DIVORCED BALTIMORE	Md
	10. 0	OUT OR TOWN OF DEATH  It NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if returned)  TOWSOM  ONE OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if returned)	12b, KIND OF BUSINESS OR INDUSTRY
d with		USUAL RESIDENCE (Where deceosed lived if institution Residence before   13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER	
competely competely rove corban by event, with	adm	ission) STATE FLORIDA JOB COUNTY MIAMI YES NO 590 MELALE	-UCA LAI. 2.
emove only ev	14.	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle	Lost
Se r din din	L	KIV JOHN F. AVAMS UNKNOWN	
equires that the death certificate be executed we physician. Signed by the ottending physician dod complete burial-transit permit. Then please remove cort burial, crematian, ar removal, and in any event,		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (es, no. or Linknown) (Il yes give war or doles of service) 216-46-8600 MERCANTILE—SAFE DEPOSIT + TRUST	13 SOUTH ST.
certi g ph Then mov	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ot the deoth cer the ottending p nsit permit. The		18 CAUSE OF DEATH (Enter only one couse per une for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	DESTRUCTION OF AND DEATH
e de offer in, o		794 X DUE TO, OR AS A CONSEQUENCE OF / 1/1	
the of the office of the offic	П	Canditions, if any, which gove	
thot In. Soy t Sons	1	rise ta immediate cause (a). stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
sicio sicio ol-tr al, c		lost. (c)	
equir phy sign buri	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
e law re tending ss been as the priar to	S.	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 120b. IF YES, WERE FINDINGS CONS	CIDEDED IN CERTIFYING
문 글 본 영문 🥕	CERTIFICATION	YES NO CAUSES OF DEATH?	
or use		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, then INJURY OCCURRED (Enter nature of injury in Part 2, then INJURY OCCURRED (En	n 18.)
Pita pita of the	MEDICAL	(If either, notify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to	₩	21d INJURY OCCURRED While Not while at work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
ING by t iter tote	П	22a   certify that (1) (this haspital) attended the deceased from 9//23 1957 to 22/24 196	S_, that (I)(we) last
TEND ined I OR: Al		saw the deceased alive an 19 3, and that in (my) (aur) apinian death accurred an the date causes stated above (1) (we) (did) (did nat) view the bady after death.	and haur and fram the
ECTO Showith		22b. SIGNATURE ATTENDING MED STAFF CTC 22c. DA'	TE SIGNED
DIR See 3	1	DEGREE PHYS DIRECTOR PHYS PHYS 1/2	105/45-
TO HOSPITAL Page 4 moy TO FUNERAL director, page should be fill		22d. PHYSICIAN S NAME (Type) Called 1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	
HOSP June Certor ould	28q		(County) (State)
Page Volument Page Airect Page	1 E	REMOVALISMENTON 12/27/68 GREEN MOUNT BALTIMORY	EIMO
VR A15(4)	24.	ENNESS 250 REC'D RY REGISTRAR 25h REGISTRAR 5 Std	SNATURE
30M REV 18	[4]	ITCHELL - WIEDEFELD HOME, WC. DATE DEC 27 1968 golon	Ca Just

• • • . • . • . . . . • . . . . \*



1	MARYLAND STATE DEPARTMENT OF HEALTH  RIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a, DATE KNOWN Month Day Year	2b. HOUR
· 5 5 8	(Type or Print) Paul M. Sebesta Jr. OF EST. Dec. 21, 196	\$ 5p.M
and 3	3 SEX ARCE S DATE OF BIRTH 6 AGE (in years of Linder 24 ARS) 20 DATE PRONOUNCED DEAD Months DAYS HOURS MAIN Dec. Day 21 Year 1968	2d HOUR
form te Depart	7a. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH   GOUNTY) Mary Land USA WIDOWED   DIVORCED   Baltimo ne	Mi
	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in haspital give street address) 821 Rosedale Ave.  120 US.A. OCCUPATION (Kind of work dane line) 12b KIND OF BUS during prost of working life, even if retired) INDUSTRY	UNESS OR
N - N	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN odmission) STATE and 13b COUNT Baltimore Rosedale YES NO 2821 Rosedale Avenue	
	14 FATHER'S NAME first Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Paul M. Sebesta Sn. Mary C. Myers	1
within 24 pencil in commer s il compes 72 havis	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, as uniquown) (If yes give was as defees of service) 16b SOCIAL SECURITY NO none 17 INFORMANT. Sebesta Sr. 821 Rosedale Avenue	;
	18 CAUSE OF DEATH (Enter only one couse per line for (s), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROX MALE BETWEEN ONSET	INTERVAL AND DEATH
× 2 € 0 ≠	Canditions, if any, which gave (b) (b) Crecural Called Cal	
wor wor the rrial-	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
g the g the ed the s a and and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION & VEN IN PART 1(a)	
	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AUTOPS'  YES   21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)	NO D
d be	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OR COURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  HOUR A.M PM 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street) 21f, LOCATION Street or R.F.D. No. (ity or Town) County	1
MIN the to the smat	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	Stote
CAL ES executions. Page of far ) TOR: Purial,		ny apinian
0 25 E	ACTUAL THE CONTROL OF THE SIGNED	*
To DEPUTY  necessary, please the funerol direct 5 may be retorne TO FUNERAL DIRE Health prior to	SIGNATURE  SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, of county)	4
TO DI the		State)
VR ATSME (5) PA	23 FORERAL DIRECTOR  24 FORERAL DIRECTOR  ADDRESS  ADDRES	
TOM REV 1/68	BAIDLO Z 2 1000 persons	



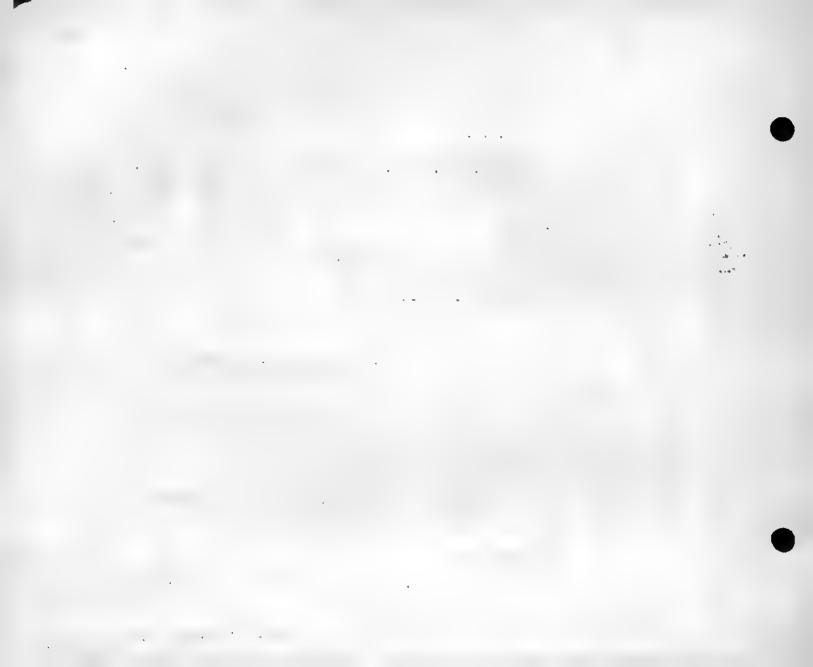


1 1	TROS DIVISION	ON OF VITAL RECORDS, 301 V	NE DEPARTMENT OF HEALTH V. PRESTON STREET, BALTIMORE, MARYLAN ELCATE OF DEATH	ID 21201 17236
T, NAME OF DECEASE (Type or Print)  3. PLACE IN BALTIMO	Jeannette	C. Seward	2. DATE AND HOUR OF DE 12/20/1968	9;40 P M.
3. PLACE IN BALTIMO	ORE MARYLAND, WHERE BALIIN	PRONOUNCED DEAD  O R L CULITY  R INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased hived A. STATE B. COUNTY  Md. Baltimore C CITY OR TOWN	INSIDE CITY LIMITS?
INSTITUTION	8 E. Overlea	Ave	Baltimore  E. STREET AND NUMBER  8 E. Overlea Ave	YES NO
Female	White WI	ARRIED NEVER MARRIED DOWED DIVORCED	MARCH 2, 1879 9. AGE (In years	If Under 1 Yi. 11 Under 24 Hrs. Months: Doys Hours Min.
done during most of worki	ting file, even if retired)	KIND OF BUSINESS OR INDUSTR	Baltimore Md.	U.S.A.
13. FATHER'S NAME	Ferfinand Go	odhues	14. MOTHER'S MAIDEN NAME	beth Douglas
15. Was Deceased Eve (Yes, no or unknown) (If	er in U. S. Armed Forces? yes, give war or dates of	service)   16. SOCIAL   SECURITY NO.   216 46 7920	George S. Goodhues 10	ADDRESS  6 Homeland Ave
This does not heart foilure, ast injury or complic ANI DISEASES OR rise to the CUNDERLYING C	OR CONDITION DIRECT ADING TO DEATH mean the mode of dyin thenio, etc. II means the cotion which coused deal TECEDENT CAUSES  CONDITIONS, il ony, obove couse (A) stat CONDITION last.	disease, th.)  (a) IMMEDIATE CA	Shrenza JSE A CONSEQUENCE OF: this heart fails	BETWEEN ONSET AND DEATH  36 hrs  2 whs  Lovasoular designs
22. I certify the	at (I) (this hospital) at st saw the deceased al	rended the desposed from the d	19 68 and that in (my) (our	23B, DATE SIGNED  Dec 21, 68
23A. SCHATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMA REMOVAL (Spec	Charles	M. Kerr	6801 Belair Rd.	(City town, or county) (State)
24A. BURIAL CREMA REMOVAL (Spec	12/23/196	8 Greenmount Cem	etery Balt	(City, town, or county) (Stota)
DEC 3 1		NAMENOF REGISTRAR	Mitchell Wiedefeld Ho	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME Last 24 havrs after death (Type or print) Month 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS last birthday) MONTHS I DAYS YRS. 9 COUNTY OF DEATH 70 8-RTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED V DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR TENDING PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even if retired) give street address) INDUSTRY OWIN event, 13d INSIDE CITY JMJTS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c, CITY OR TOWN) MARL burial, crematian, or remaval, and in any Middle Last IS MOTHER'S MAIDEN NAME First please physician LE Address MD. Z 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? I ( ) yes give war or dates of service) Yes, no, or unknown) 6-44-6376 MRS. SOPHI 18. CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. CARCINOMA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b). rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health prior to SOLERO BRONCH this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? CAUSES OF DEATH? NO NO Or USe ZIE HOW INJURY OCCURRED (Poter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year directar, page 3 should be detached is should be filed with the State Dept. af (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INILIRY OCCURRED City or Town County State While Mot white p TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital), attended the deceased fram Autrici, 1968, to DEC 16, 1968, that (1) (see) last saw the deceased alive an DEC 16 1968, and that in (my) (a) apinian death accurred an the date and hour and from the be retained causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** PHYS. DIRECTOR 22d. PHYSIC AN'S NAME (Type) 22e. ADDRESS 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 230 BUR AL CREMATION, REMOVAL (Specify) Lorraine Mausoleum Woodlawn Maryland FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REG STRAR'S SIGNATURE VR A15 (4) Storne Catonsville, Md. 30M REV, 1/68





... EVE / E

\*\*

.a.,

•

. . . . . 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH B. COUNTYBALTIMORE. a. COUNTY Pages 1 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b emove garbon papers. Pagany event, within 72 hours MONKTON. ONKTON filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO etely : within NAME OF First Middle DATE Month Day Last DECEASED CHARD DEATH December mal 19 60 (Type or print) AGE (In years | IF UNDER 1 YEAR HF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED last birthday) Months Davs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (County & State, or foreign country) = 10b. KIND OF BUSINESS OR entending physician ermit. Then please on, or removal, and in ease and in KETIRED certificate FATHER'S NAME BANKER Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of Page 4 may be retained by the hospital or attending physician.

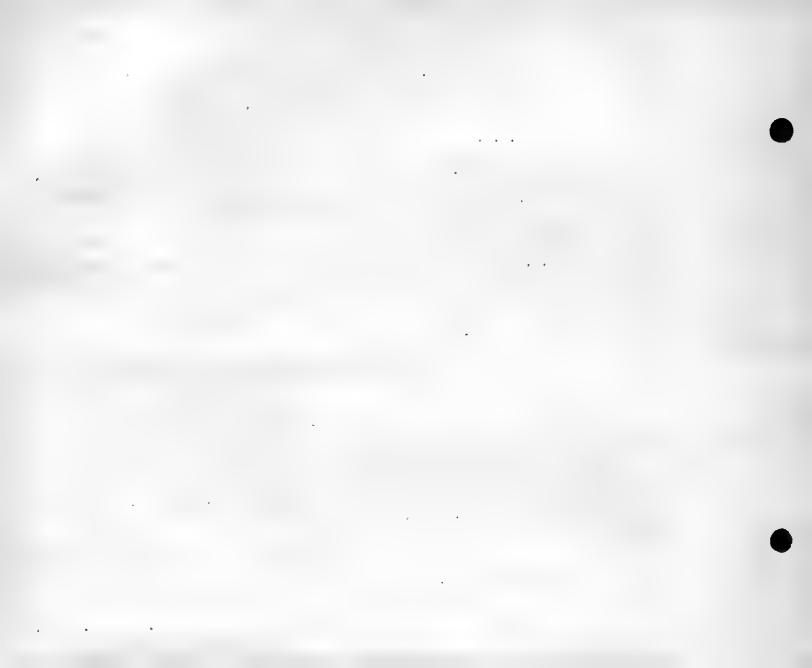
TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or in the state beat. (Yes, no, or unknown) (If yes give war or dates of service) MIS. ZENA MONICTON, MC INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work Decompter-8 Dresule 2 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at LISAM, from the causes and on the date stated above. saw the deceased alive on November 29 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. PHYSICIAN'S NAME (Type) ADDRESS hognix LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. ALTIMORE BALT: MORR ATIONAL BURIAL 25a REG'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR YORK ycliantes Judge 1968 COOK . BROOKS LOWSON INC. VR A15 (4) TOWSON Md. 21204 DATE 15M 4-64

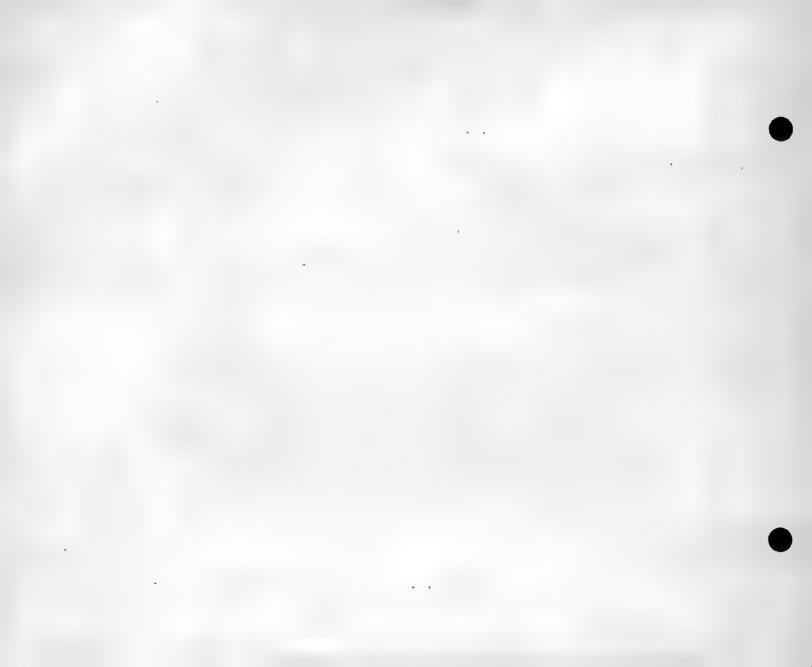




	ř.			D STATE DEPARTMENT OF HE		
		a market	-	301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	419010
		里 ( ) ( )		CERTIFICATE OF DEATH		17243
€ _2€		CEASED-NAME First	Middle		20. DATE OF DEATH	2b. HOUR
eral eral eat	1	ype ar print) PA	CHEL	SIMON	Month 2 Day	20 YearGo Jupm
5 A-1	3. SE		4, RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF JINDER 24 HRS
# E E		FEMALE	WHITE	3-11-20	6 AGE (In years last birtheay) YRS.	MONTHS DAYS HOURS MIN.
S A S	7a I	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
in ers.	COL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	will. S.A.	WIDOWED DIVORCED	BALTIMOP	G Md
nin 24 h filled in papers thin 72 h	10 (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
vithin 24 by filled ii oan paper within 72	1 8	PALTIMORE	give street address) BALTO CO G	ENERAL HOSPITAL	SALESLADY LANE	BRYANT SHOES
d w lete carb			ed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CITY LIMIT	37 13e STREET AND NUMBER	DICTRICT SHOES
ecuted with campletely and carbar carbar with y event, with the carbar with th	odm	ssian) STATE MD.	136 COUNTY BALTO.	BALTO, YES NO D	2 ALBESS	CT.
e executed with and campletely f remave carban n any event, with	14.	FATHER S NAME First	Meddle Last	IS MOTHER'S MAIDEN NAME First	Middle	Last
eath certificate be executed by the physician and continuit. Then please remain any ar removal, and in any		ISRAEL	CAPLA	N REBE	ECCA	
rate by sician (please please), and ii		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECUR TY I		Address	
brificate b physician pen please ioval, and i		es, ng Arunknawn) (11 yes give	ver or dates of service)	MR. JACK SIMON,	2 ALBESS CT., A	PT. 201
a se		18. CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (c)	) - 0	/ / 5	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
it the death der the arterior grant and arterior grant. The matian, ar remo		PART I DEATH WAS CAUSE	D BY ATE CAUSE (a) Acute n	isocardeal Inf	asctem	
artend artend permit.		4100	DUE TO, OR AS A CONSEQUENCE OF		<i>d</i> (	
# 5		Canditians, if any, which gave	Arille	Verenie Cardera	sala- Design	29K
that an. by til		rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF			
icial is the second of the sec		stating the underlying cause last.	(c)			
equires physicio signed burial-ti burial, c		PART 2 OTHER SIGNIFICANT CO		OT RELATED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)	
ng Proposition of the base of	-	4201			, ,	
bee jar	AT ON	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The season of th	CERTIFICAT			YES NO P	CAUSES OF DEATH?	
bing PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the hospital or attending physician.  After this certificate has been signed by the attending physician and campletely filled in by the peral be detached for use as the burial-transit permit. Then please remove carban papers. Page 1 and 3 State Dept. af Health prior to burial, crilimation, ar removal, and in any event, within 72 hours teath		21a ACCIDENT WAS UNDERLYII		21c HOW INJURY OCCURRED (Enter no	ature of injury in Part 1 or Part 2,	Item IB.)
COA THE SHAPE	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year ner) P.M. 19			
hosp cer rche ppt.	曼	21d INJURY OCCURRED 21e.		JORY.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
ING PH' by the h ffer this be detac		While Nat while at work		_	/	
ATTENDING etained by th CTOR: After shauld be d		22a. 1 certify that (1) (th	is haspital) attended the decease	ed from 1946, 19 92, and that in (my) (our) opinio bady after death.	_, ta	68, that (I) (we) last
o		saw the deceased o	e, (I) (we) (did) (did not) view the	9 <u>**E</u> , and that in (my) (our) opinion	on death occurred on the da	ite and haur and fram the
A ATTENI retained recTOR: A 3 shauld with the		22b. SIGNATURE	e, (1) (we) (did) (dataer) view file	budy after death.		DATE SIGNED
OR DE LE SI SE E SI SE		K S Ta	Box-MD	DEGREE PHYS MED	CTOR PHYS.	12/20/18
PITAL OF may be RAL DIR r, page 7		22d PHYSICIAN S -	(4)	22e ADDRESS		1,20,60
RA PITA		NAME (Type) C > > . A	ALLINS M.D.	6000 PHE	CHBBY BALTMO	RE Md 21215
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, crimical and the state Dept.	230	BUR AL, CREMATION, 236	DATE 23c NAME OF		23d LOCATION (City or Town)	(Caunty) (State)
Pag o		DE140104 (C 5 )		KOV-BETH ISRAEL	BALTIMORE, Mary	
VE ALSTO	24	FLINERAL DIRECTOR	ADDRESS	2Sq. REC D BY	REGISTRAR 256 REGISTRAR'S 26 1968 ACLOS	SIGNATURE
30M REV. V88	50	L LEVINSON & B	ROS., 6010 REISTER	STOWN ROAD DATE UEC	26 1968 Jelo	res judge









/ •	MARYLAND STATE DEP	
t	1 TO CERTIFICATE	
<u> 42-</u>		1ST 20. DATE OF DEATH 25 HOURS
death. neral and 2 death	SIDNEY SM	TH DECEMBER 3. 1968 9:20 <sup>M</sup>
s after the fur ages I s after	MALE 4. RACE WHITE 5. DAY	TE OF BIRTH  VE 14, 1891  6. AGE (In years If JUNDER 1 YEAR IF JUNDER 24 HRS  last burthery) YRS. HOURS MIN
4 hours after d'in by the fur poets. Pages 1	PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NET WIDOWED X	VER MARRIED 9. COUNTY OF DEATH DIVORCED BALTIMORE, Md
vithin 2 ly filled bon pap within	R TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in he give street address)  ST. JOSEPH HOSPITAL	12a IISIIAI OCCUPATION (Kind of work dane 12b VIND OF BUSINESS OF
secretar within 24 hours after death completely filled in by the funeral base company event, within 72 hours after death	L RESIDENCE (Where deceased lived, it institution: Residence before STATE MARYLAND 13b COUNTY BALTIMORE	13d INSIDE CITY JIMJTS? 13e STREET AND NUMBER
and con in only		HER'S MAJEN NAME First Middle Last
law requires that the death certificate be executed within 24 hours after death nating physician.  been signed by the attending physician and campietely filled in by the funeral is the burial-transit permit. Then please remove contain appears. Pages I and 2 ior ta burial, cremation, ar remaval, and in any event, within 72 hours after death in the burial, cremation, ar remaval.	DECEASED EVER IN U.S. ARMED FORCES? Or unknown)  (1) yes give were or dates of service)	Nary Jane 'aley  ANT  ine S. C'Kee'e -B++5 convoll :vo?/?/3
equires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE (AUSE (a) Acute myocardial in:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the decenter e atter	HIO Y DUE TO, OR AS A CONSEQUENCE OF	
that 1 ion. by th transit crema	ng the underlying cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
quires physici signed burial- burial,	T 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
ing ing the the table	neumonia	
has has		O. AUTOPSY?  20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING  CAUSES OF DEATH?
PHYSICIAN: The law re the hospital ar attending his certificate has been stacked far use as the Dept. of Health prior ta	ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJ R CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   19	URY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
DING PHYSI by the hosp offer this cer be detache State Dept.	INJURY OCCURRED    Not while   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION of HOME BUILDING, ETC.   21f. LOCATION   2	N Street at R.F.D. No. City of Tawn Caunty State
Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, creases	Leastify that (1 /this beenital) attended the decored from 19000	tber 2, 19 68, to <u>December 319 68</u> , that ( <b>A</b> (we) lost tin (my) (our) opinian death accurred on the date ond haur ond from the
IL OR ATTENI y be retained L DIRECTOR: A age 3 should filed with the	SIGNATURE LC'Ellen DEGREE	ATTENDING MED. STAFF 220 DATE SIGNED 12/4/68
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page 3 should be filed		7620 York Rd., Towson, Md. 21204
TO HOSP Page 4 1 TO FUNE director, should i	IAI, CREMATON, OVAL (Specify) 12-7-69 GUARDENS OF FEMALES	with Cometern Bultimans M'
30M REV 768	ral director abbress iller Inc-4415 Belain Pd21.20%	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEDEC 9 1968 Charles Judge.





	E				DEPARTMENT OF HEA			
#-	П	17229	DIVISION OF VITAL RECORDS,		ATE OF DEATH	JKE, MAKTLANU 21201	17250	)
E 254		FCEASED-NAME First	Middle			to. DATE OF DEATH		2b. HOUR
after death the funeral spes L and so after death	1	(ype or print) - Anna	J. Southern			12-16-1968 Do	y Year	M
fur S.L. Ifees	3. S	ξX	4. RACE		5. DATE OF BIRTH	6. AGE (In years last burthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
haurs after haurs after by the fu s. Pages I haurs afte	_	Female	Caucasian		6-12-1894	74 YRS	WORNING DATE	TIOOKS MIKE
24 haurs after death id in by the funeral pers. Pages 1, and 72 haurs oftendeath	Zo. cou	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?			OUNTY OF DEATH		
24 lined in		Illinois	U.S.A.	WIDOWED E		Baltimore	Tan war and	Md.
equires that the death certificate be executed within 24 haurs after deal physician. Signed by the attending physician and campletely filled in by the funeraburial-transit permit. Then please remave carbon papers. Pages 1, and burial, cremation, or remaval, and in any event, within 72 haurs afterdeal	1	CITY OR TOWN OF DEATH Cockeysville	11 NAME OF HOSPITAL OR IN: give street oddress) 24 Hillsda	ale Ave	during most of	(CUPATION (Kind of work done of working life, even if retired.) Reeper	12b. KIND OF E INDUSTRY Hot	
ant corp.	130.	JSJAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	13c CITY OR	TOWN 138 INSIDE CITY . MITS?	13e STREET AND NUMBER	1100	
e e e e	odm	ission) STATE Md.	13b COUNTY Baltimore		YES NO J	24 Hillsdale	Ave.	
any c	14.	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME First	Middle		Lost
be be in a se r		Nicholas Beye		100	Anna Kipp			
sicio plea plea	160.	WAS DECEASED EVER IN U.S. ARM (es, ng, or unknown) (If yes give w NO	AED FORCES?  retr or dates of service)  16b. SOCIAL SECURITY  212-26-7		FORMANT	Address	Cockeys	
ph)	H				ames E. Southe	rn 24 Hillside	APPROXIM	AATE INTERVAL
E E		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and (c)	nuc	11-0/	reast	BETWEEN ON	NSET AND DEATH
dea fren r.mii		I/7///	ATE CAUSE (o)		100		- 7	cays
the grant pe	L	Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE OF				6/	
n. n. ny th ansi	Н	rise to immediate couse (a), ( stoting the underlying couse(	(b)					
es t sicia ed t al-tr		lost.	(c)					
OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed will be retained by the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and campletely per 3 should be detached far use as the burial-transit permit. Then please remove carba ed with the State Dept. af Health prior ta burial, crematian, or remayal, and in any event, we	7	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)		
law endir bee	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The affice of the post of the	I				YES NO	CAUSES OF DEATH?		
AN: Il or cate ar u		210 ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT		21c. HO	W INJURY OCCURRED (Enter no	ture of injury in Port 1 or Port 2,	Item 18.)	
STCL Striffing and the	MEDICAL	(If either, notify medical examination)	ner) P.M. i					
har	2	21d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	21f. LO	CATION Street or R.F.D. No.	City or Town	County	Stote
G the deal at a deal at a deal	П	at wark at work	is harnital) attended the decoas	ad febrail	Manufect 1060	10 110 10	that	(i) (we) !ast
Africa Af	Н	saw the deceased a	is haspital) attended the deceas live an Appeciment	19 (2), and	that in (my) (aur) apinia	n death accurred on the d	ote and hour	ond from the
O.S. the the state of the state		causes stated above	e, (I) (we) (did) (did nat) view the	bady after d	eath.			
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta		22b. SIGNATURE	the 1. Kee	DEGRE	ATTENDING MED.	TOR STAFF	DATESIGNED	1968
AL O	1	22d. PHYSICIAN S	//		OD. ADDDECC	101 - 1113.	20	-
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file		NAME (Type)	LTERI. K	EES	Cocke	y sville	ne 21	1000
HOS ge 4 FUN rectr	230	. BJRIAL, CREMATION, 23b.		CEMETERY OR		3d LOCATION (City or Town)	(County)	(Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					Cemetery	Stickney, Illi		
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR	ADDRESS Towson 1050 York		1204 250. REC'D BY R		S SIGNATURE	
30/91 KEV. 1708	1 1	vm.Uook≃Brooks	Towson lubu York I	Ka Tows	ROTE AMOUNT DATRICE IN	A INDIA VIAGO	Willia Vacal	CAR

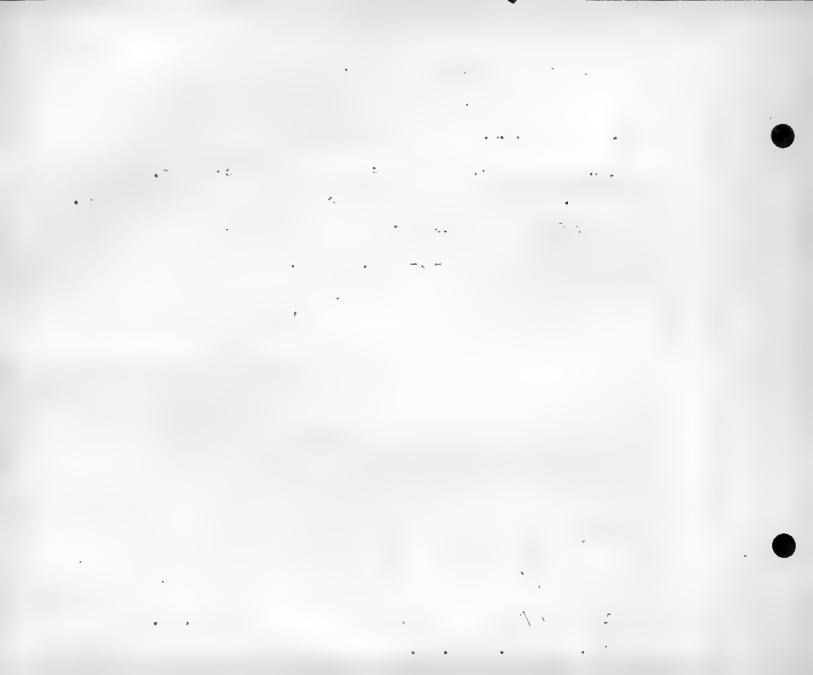




		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		17211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH / 17252
HEALTH DEPT.		ECEASED NAME First Middle Last 2a DATE KNOWN Month Day Year 2b HOUR
ge to sv.	,	Type or Print)  GEORGE WISE SPITTLE  OF ESTI- DEATH MATED DECEMBE 3719 67 36 M
any defay is 2, and 3 ta PM3 Page Fartment a	3. S	
e e e e e e e e e e e e e e e e e e e	l 1	Tale White Dec. 10, 1895 73 VRS.
		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COLNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
rather any detay ages 1, 2, and 3 th farm PM3 Pa. State Department	COUL	Baltimore, Md. USA   WIDOWED   DIVORCED   DO 2/71more Md
death Pages 1, with farm	10. (	ITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR
s after death TB. One Pages edang with far everth the State death.	Ar	meslie Balto Co. 744 Overbrook Rd. Guard Seafood
s after	130	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c, CITY OR TOWN 13d, ASIDE CITY DATE:
ice dang		dm ssion) STAIF NO 744 Overbrook Rd.
24 hours in Herri's Office is 1 and is offer	14. [	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 rrs (rrs (rrs (rrs (rrs (rrs (rrs (rrs	<u> </u>	Griffith Spittle Money Anna Reighter
hin 24 ncil in niner's pages haurs	16a. ()	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  ADDRESS  ADDRESS  ADDRESS  APPLE  ADDRESS  APPLE  ADDRESS  APPLE
d within in pencil Examine File pag n 72 hau		
red al B		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (ii), and (c))  PART I DEATH WAS CAUSED BY  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in ief Medical insit permit		IMMIDIATE CAUSE (0)
f M fent		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave )
t be Chie		nse to immediate cause (o). (b)
shauld be e ne ward "pei to the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
he he he to t		(t)
<b>XAMINER:</b> This certificate shauld be executed within 24 haurs after death te the certificate, writing the ward "pending" in pencil in Item 18. Dive Pagge 4 should be forwarded to the Chief Medical Examiner's Office along with your files.  age 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stacemation, ar removal, and in any event within 72 haurs after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
rrtifi rritiir warc warc and o	NO.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
forv forv	CERTIFICATION	WAS PERFORMED?  YES NO P
VER: This certicertificate, writhould be forwariles. should be used should be used titen, ar remova	EE .	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HDW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19
	MEI	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na City or Town County State
XAM Je th Ige 4 yaur Page crem		WHILE NOT WHILE of foctory, office building, etc.)
DEPUTY  Cressary, please execute the certive functal director. Page 4 should may be retained for your files.  FUNERAL DIRECTOR: Page 3 should privat to burial, cremation,		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection A Inquiry , and in my opinion
tor.		deoth resulted from: Natural couses Accident , Suicide , Homicide , Undetermined monner
please et l'alrector. retained . DIRECTO ar to bu		CHIEF MEDICAL EXAMINER
JIY DICA ry, please e eral director be retained RAL DIRECTO prior to bu		SIGNATURE ACTUAL MD ASSISTANT MEDICAL EXAMINER 226 DATESIGNED
PUT sary uner y by V by V by		EXAMINER'S DEPUTY MEDICAL EXAMINER 157.3165
necessary, the funeral 5 may be r to FUNERAL Health pred	_	NAME (Type) Dr. Charles F. O'Donnell ADDRESS(Street, city, tawn, ar county)
5 = + 2 5 ±	23o	BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
		REMOVAL (Specify) Burial 1-3-68 Moreland Memorial Baltimore, Maryland FUNERAL DIRECTOR  ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR 5 SIGNATURE
VR ATSME (5)		
10M REV. 1/68		itchell-Wiedefeld Home, Inc. 6500 York Rd. DATEJAN 6 1969 Thombs Julian Baltimore. Md.



1 DECEASED-NAME (Type or print) Gilbert Clemm Spurrier 20. DATE OF DEATH (Type or print) Gilbert Clemm Spurrier 12 Month 6 Day 68 Year 2b HOUR  3 SEX 4 RACE Caucasian 5 DATE OF BIRTH 7/24/1896 6 AGE (In years lost birthday) YRS MONTHS DAYS HOUR. MIN  70. BIRTHPLACE (State or foreign Cauchy) MA NEVER MARRIED 9 COUNTY OF DEATH	4	17212		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	4 12 0 1	- 0
S DATE OF BIRTH   12   Month 6   Doy 68   Year   Note of Note 2 Has	L					172	
70. BIRTHPLACE (Stole or foreign country) Md.  70. CITIZEN OF WHAT COUNTRY?  10. CITY OR TOWN OF DEATH  TOWSON					68 Year	2b HOUR	
70. BIRTHPLACE (Stole or foreign country) Md.  70. CITIZEN OF WHAT COUNTRY?  10. CITY OR TOWN OF DEATH  TOWS ON   3.				6 AGE (In years last birthday)			
TOWSON   - Deal	BIRTHPLACE (State or foreign unity) Md .	U.S.A.	WIDOWED DIVORCED	9 COUNTY OF DEATH Baltimore		Md	
13a. LSUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)   STATE   Md   18b COUNTY   18d Lost   18d	ID.		II NAME OF HOSPITAL OR IN Give street oddress) Greater Balto	STITUTION (If not in hospital  Med. Center	L OCCUPATION (Kind of work done staff working life even if relized)	126 KIND OF BU	ISINESS OR
166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Mythorown)   (if yes give wor or dottes of server)   16b. SOCIAL SECURITY NO 212-09-295CA   T.7. INFORMANT   NETWORK SETWING   T.8. I	13: ad	D. USUAL RESIDENCE (Where decease mission) STATE Md.	d lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY J	MITS? 138 STREET AND NUMBER		
18   CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)	14	FATHER'S NAME Charles	Middle Spurrie	r 15 MOTHERS MAIDEN NAME F	ret Middle	Clemm	Last
RETWEEN ON'SET AND GEATH   SETWEEN ON'SET AND GEATH	16	o. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give we	ED FORCES? If or dates of service)  16b. SOCIAL SECURITY 212-09-2	no. 17. INFORMANT 950A. Elsie M. Spur			
rise to immediate cause (a), stating the underlying couse (b) out TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Bronchopneumon i a  19a. Date of Operation 19b. Condition for which operation was performed 20o. Autopsy?  21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 49cs  21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 49cs  19a. Date of Operation 20o. Autopsy? 40c A		(Conditions of any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	) erotic cardiovascula	ar disease		
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Month Doy Yeor 19 P.M. 19		rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT N		ONDITION GIVEN IN PART 1(a)		
G   OR CONTRIBUTING   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   P.M.   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   CAUSE OF OEATH   HOUR A.M. Month Doy Yeor   19   Or Contributing   Or Con	PTIEICATION	19a. DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY? YESXX NO [	CAUSES OF DEATH? Yes		TIFYING
		OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Doy Yeor er) P.M.	9		Item 18.)	
While Nat while at work at work		220. I certify that (I) (this saw the deceased at causes stated above	s haspital) attended the deceas ive on12/6 (N) (we)(did)(did not) view the	ed from 12/5 , 1963 19.68 , ond thot in (my) (our) opin bady ofter death.	5 , to 12/6 , 19 nion deoth occurred on the do	68 , that ( te ond hour ar	l) (we) last ad from the
220. I certify that (1) (this haspital) attended the deceased from 12/5 , 1968 , to 12/6 , 1968 , that (1) (we) last saw the deceased alive on 12/6 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the bady offer death.		22b. SIGNATURE	Butuna		ED. STAFF PHYS.		
220. I certify that (I) (this haspital) attended the deceased from 12/5 , 1968 , to 12/6 , 1968 , that (I) (we) las saw the deceased alive on 12/6 , 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (N) (we) (did) (did not) view the back ofter death.  22b. SIGNATURE  DEGREE PHYS. DIRECTOR PHYS.   12/6/68		NAME (Type) Rudige					
220. I certify that (I) (this haspital) attended the deceased from 12/5 , 1968, to 12/6 , 1968, that (I) (we) last saw the deceased alive on 12/6 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  PHYS. DEGREE PHYS. DIRECTOR PHYS. 12/6/68  22d PHYSICIAN S NAME (Type) Rudiger Breitenecker, M.D. 6701 N. Charles Street	L		9/68 Loudon	Park	Balto. 'd.	, ,,,	(State)
220. I certify that (I) (this haspital) attended the deceased from 12/5 , 1968, to 12/6 , 1968, that (I) (we) las saw the deceased alive on 12/6 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  PHYS. DIRECTOR PHYS. L2/6/68  22d PHYSICIAN S NAME (Type) Rudi ger Breitenecker, M.D.  23e ADDRESS 670 I N. Charles Street  23a BURIA. (REMATION, BOOK) 12/9/68  23c NAME OF CEMETERY OR CREMATORY Balto. (Caunty) (State)	24	Leonard J. Ruck	Inc. alto. d.	2So RECD B		SIGNATURE	ino.

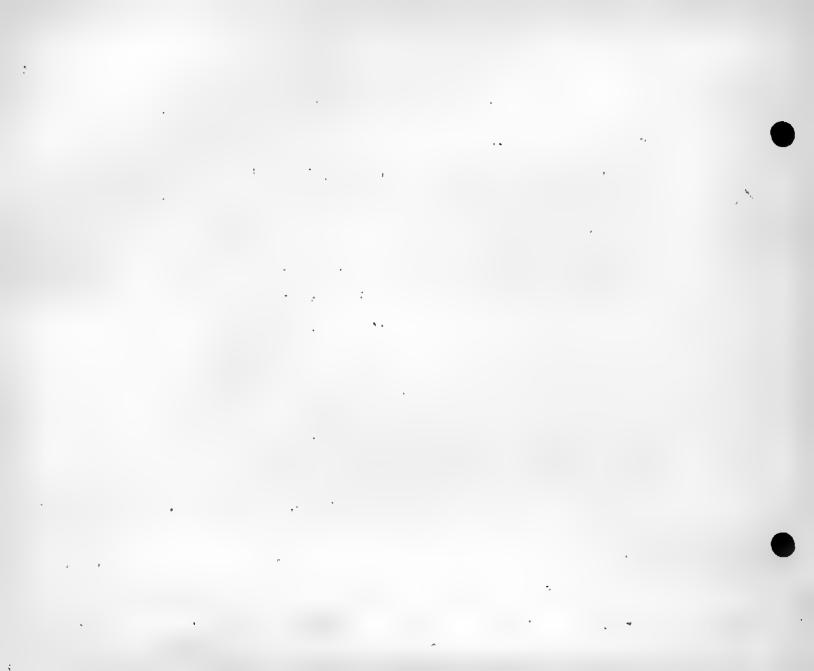


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17254 CERTIFICATE OF DEATH 1. DECEASED NAME Last 2g. DATE OF DEATH First 2b HOUR deoth. hours after deoth uneral (Type or print) Manth 4 RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthdoy) MONTHS DAYS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign . COUNTY OF DEATH 8. MARRIED [7] NE MARRIED country) WIDOWED DIVORCED 24 O. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within completely director, page 3 should be detached for use as the burial-transit permit. Then please remove cotte should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY CHAFTS? 3e STREET AND NUMBER YES [ NO T 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle First pub Lost ottending physician permit Then pleose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) WIFE - MRS. AGNES 3508 ROLLINGEL BAKO. MO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: OF COLON IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signad by the rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO FI 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from \_\_\_\_\_\_///\_\_/\_/ 19 60, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 30M REV. 1



	-	有學	/sa % @IVISIO		CORDS, 301 W.					21201		1 PY O P	to.
FOR STATE		_E_W	C 3 3	MEDIC	AL EXAMINE	R'S CE	RTIFICATI	E OF DE	ATH		-	1725	5
HEALTH DEPT.		1 DECEASED NAM (Type or Print	1		Middle		Last		2a E	ATE KNOWN	Mgnth	Doy Yeo	
3 to 3 to 5		(Type of ritin)	Mal	lory	S.		Stant,	Sr.	D	OF ESTI-	May	19 19	68/00 1
deloy		3 SEX	4. RACE	S DATE OF BIRT	TH 6 AC	GE (In yeers it birthday)	IF JNDER 1 YEAR MONEHS DAYS		24 HRS. 2c. D	ATE PRONOUN		1	2d HOUR
		Male	White	Oct.20	,1896 7		MONTHS DATE	HOURS	PIS71.	Month	Day 19	Year (C	1/2
5.0		70 BIRTHPLACE		76 C TIZEN OF WHA		8 MAI	RIED NEVER N	AARRIED 🔲	9. COUNTY O	OF DEATH	1		
		country) Vir	zinia	U.S.A.				VORCED 🛣	Bal.	timo re			М
		ID. CITY OR TOW	N OF DEATH		ME OF HOSP TAL OR I			a 120 U	SUAL OCCUPAT			126 KIND OF	
- 6 7 E) (		Dun	da 1 k	L9145	reer oddress) 05 Kirtle	y Roa	d	Se lawring	most of work 1f-Enp.	loyed .	-Boat	industri Zaptai:	n
s after 18. Give along with the death.		130 USUAL RESI	DENCE (Where deced	ised lived, if institut	ion Residence befor	e 13c, CITY	OR TOWN	3d INSIDE CITY .	IM 157 13e	STREET AND ME	MBER	<i>V</i>	1
	75	dumission) 3	Maryla	nd 130 COOB 1	timere	Dun	dalk	YES N	0 x 7	05 Ki	rtley	Col	
haurs Item 1 Office 1 and 2	2	14. FATHER'S NAM		Middle	Last		IS MOTHER'S M	AIDEN NAME	First	i	M∗ddle		Losi
24 in F r's (			Willi		Sta			Amen	da				
		160 WAS DECEASE (Yes, no, or uni	DEVER IN U.S. ARMED	wor or dates of service)	16b SOCIAL SECURITY		7 INFORMANT		(SON	) ADD	Bunda]	k,Md.	21224
within pencil xamine ile pagi			IO		214-30-82	31	Mallory	S. St	ant. J	r. 730	Kirt	ey_Rd	
executed v ending" in Medical Ex t permit Fi		18. CAUSI	OF DEATH (Enter of DEATH WAS CAUSE	nly ane cause per lin	e for (a), (b), and (c)	)							MATE INTERVAL DISET AND DEATH
e execute pending" of Medica sit permit		7.7 .8	IMMEDI	ATE CAUSE (o)A	rterioscl	eroti	c Cardio	o va scu	lar Di:	862.56			
ex iend f Me it p		410	37	DUE TO, OR A	AS A CONSEQUENCE O	F							
f pe hief hief ransit			, if any, which gove nediate cause (a),	(b)								-	
ward ward the Ch rial tre	J		underlying cause	DUE TO, OR	AS A CONSEQUENCE O	F							
shi shi o the volume burn		last		(c)									
This certificate shauld be executed with freate, writing the ward "pending" in peter be farwarded to the Chief Medical Exand be used as a burial transit permit. File or remayal, and in any event within 72.			IER SIGNIFICANT CON	DITIONS CONTRIBUTION	IG TO, DEATH BUT NO	RELATED	O THE TERMINAL	DISEASE OR C	ONDITION GIV	EN IN PART 1(c	1)		
wall wall		190. DATE (	OF OPERATION	- '	19b. CONDITION FOR		RATION					20. AUT	OPSY?
This c trate, t be far i be u	- 3	E I			WAS PERFORMED	12						YES	□ NO X
The froat l be ld be			IAL CALSE WAS		NJURY Month, Doy, Ye	or 2	C HOW INJURY	OCCURRED (En	ter nature of	njury in Port 1	or Port 2, Ite	m 18.)	
INER: Te certifice should be files.  3 should be files.		PRIMARY [ CAUSE OF I 21d INJURY	OR CONTRIBUTING	HOUR A M									
		室 21d INJURY	OCCURRED 21e	PLACE OF INJURY (A	t hame, farm, street,	2	IF LOCATION Street	et or R. F.D. No		City or Town		County	State
CAL EXAMINER:  In Include the certical. Page 4 should less that files.  ECTOR: Page 3 should build less that have a should les		AT WORK	NOT WHILE fo	actory, affice building	, erc.j								
L EXA		22a	I certify that I	taok charge of th	e remoins describ	ed obave	, held an Au	topsy 🔲	Inspecti	an Ki	Inquiry 🗌	, and it	n my opinia
rcal Enter Tar. Page ed far CTOR: Punal,					es 🗓 / Accider		Suicide .	Homicid		ndetermine			* :
plear I direct retain			m	2 2	/		CI	HIEF MEDICAL	EXAMINER				
y, ply grol of prior		SIGNATUR	E	VD W	2		M.D. A	SSISTANT MED	ICAL EXAMINER		22b DATE S	IGNED 12	/19/68
ssary, p funeral oy be r JNERAL		EXAMINE	2'9		ho-		DI	EPUTY MEDICA	L EXAMINER	EX (	5800 M	orni ng	ton_Rd.
no DEPUTY DICAL EXAM necessary, please maximute if the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	L.	NAME (Ty	pe)Melvin	B. Davie,	The same of the sa	)		DDRESS(Street	city, town, ai	(aunty)	Dundall	c, Md.	21222
5 5 5 5 5 E		23a. BURIAL, CR	EMATION, 23b	DATE	23c NAME OF		OR CREMATORY		23d. LOCA	TION (City or 1	(awn)	(Caunty)	(State)
		Removal	& Burial	12/23/68	Sanfor		etery			ford, A			Va.
\$45.45.60 AT		24. FUNERAL DI	RECTOR		ADDR			1	BY REGISTRA	1	REGISTRAR 5 S		
VR A15ME [5] 10M REV 1/68		John	J. Duda, 7	922 Wise	Avenue, Du	inda 11	c,Md.	DATE	C 2 3	1968	ycline	An you	rate.





			. 3	_ # 63	DIVISION OF I	MAKYLAI ITAL RECORDS/		DEPAKIMI			PYLAND 21201		
5	1		1 7	246	DIVISION OF	TIME RECORDS		ATE OF I		munt, mar	11DARD 21201		257
eath.	and 2 death		(ype ar print)	First ELAINE		Middle VANDENBE	RG	last STOKES		20. DATE OF 12		Day 68 Ye	2bHOUR
ofter d	es funeral es and es death	3. SE			4, RACE			S. DATE OF BIR	TH - 1 <b>9</b> 99		6. AGE (In years		
hours (	in by theres	70. E	FEMALE BIRTHPLACE (Stot	te or foreign 7	76. CITIZEN OF WHA			NEVER MARR	IED 🗌	9 COUNTY OF	<u> </u>	RS.	
hin 24	illed pape nin 7	10. 0	ITY OR TOWN O		give st	ME OF HOSPITAL OR II	,	ot in hospital	12a, USUA	L OCCUPATION	(Kind of work do	ne 125 KII	Md IND OF BUSINESS OR TRY
ed witl	ind completely filled gemave carban pape I any event, within 77	13o.	USUAL RESIDENCE (SSION) STATE	ISON CE (Where deceased	GR	TR BALTO			3d. INSIDE CITY LIA	WITS? 13e STI	life, even if retired CO REET AND NUMBER		m Home
xecut	d com mave my ev		FATHER 5 NAME	Md .	13b COUNTY B	alto. (	<u>Glenco</u>	S. MOTHER S MAI			parks F		Last
e pe	og in and and and and and and and and and an	160	WAS DECEASED	Henry EVER IN U.S. ARME	Murdo	ch Los	rd	INFORMANT		Ingali	na Va	ndent	oerg
	S S S S S S S S S S S S S S S S S S S	Y	es, no, or unknow	(If yes give wor	r or dates of service}	TOO. SOCIAL SECONT		ohn Au	isten	Stoke		Same)	
oth ce	nding i it. The		18. CAUSE OF PART I. D	CATH WAS CALICED !	DV.	for (a), (b), and (a		חום עירי	Ζάμομ	Z EDEMA		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
he de	the de e atter perm tian, a		410	ony, which gove	DUE TO, OR AS	A CONSEQUENCE O	F		HOWAIC				
that 1	by the		nse to immed stating the un	iate cause (a), ( iderlying couse(	DUE TO, OR AS	OCARDIAL  A CONSEQUENCE O	F		<u></u>				
quires	signed burral- burral-		PART/2. OTHER			ENERALIZ				ONDITION GIVE	N IN PART I(a)		
law re	been is the rightal	AT.ON	BRON 19a. DATE OF OF	ICHOPNEUM PERATION 196 CO		CARDTAC		HMTA 20g. AUTOP	SY?		YES, WERE FINDING	S CONSIDERED	O IN CERTIFYING
t: The	Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burnal-transit permit. Then pieces remave carban papers. Pages and should be filed with the State Dept. at Health priar ta burnal, cremation, ar remaver, and in yevent, within 72 hours after death	CERTIFICAT.	21o. ACCIDENT	WAS UNDERLYING	215 TIME OF	INJURY	21c. H	YES  OW INJURY OCCU	NO X		OF DEATH?  y in Port 1 or Port	2. Item 1B.)	
SICIAN		MEDICAL	OR CONTRIBUTE	NG CAUSE OF DEATH  y medical examine	HOUR A.M. P.M.	Month Doy Yea	19	OCATION Street			or Town		Stote
S PHY	this c detach e Dept		While Not	work		AT HOME, FARM, STREET F OFFICE BUILDING, ETC.						County	
TENDING	R: After July pe the Stat		22a. I certif saw th causes	iy that (1) (this e deceased ali- stated abave,	haspital) atte ve an (I) (we) (did) (	nded the decea 12=25 did nat) view the	sed_fram_ _19 <u>_68</u> _, an e bady after	12=24 d that in (my death.	( <u>our)</u> opii	58_, ta nian death c	12+25 , accurred an the	19 <u>68</u> , date and h	that (I) <u>(we)</u> las hour and from the
OR AT	olrectore 3 sho		22b SIGNATURE	Liver	-1.	whon	DEG	ATTENDING REE PHYS.		ED.	STAFF 2	2c DATE SIGN 12-25	
TO HOSPITAL	er, pag d be fil		22d PHYSICIAN NAME (Ty)	1	THAN TEN	NEKOON		22e. ADDR		RTH CHA	RLES STR	EET	
O HOS	Shart Shart	230	BURIAL CREMA REMOVAL (SPEC BULLA	TION, 23b. DA	ATE 128/68	23c, NAME O	F CEMETERY OF	CREMATORY		Glen	ON (City or Town)	(County	y) (State)
-	VR A15 (4) 30M REV. 1/68	24. H	FUNERAL DIRECT	kins &	Sons Co	4.905	York	Rd.	JAN 2	Y REGISTRAP	25h CEGISTR	AR S SIGNATUR	ge-



1 1		1801	iny [	IVISION OF 1	MAKYLAN VITAL RECORDS,		EPAKIMEN STON STREET			21201		
'		TAST	<b>*</b>				TE OF DE		ic, maki balip 2	1201	1725	8
Ser death.		CEASED NAME	First	-1	Middle		Lost		DATE OF DEATH			2b HOUR
; ( <b>K</b>			arie		na K.		appelli		December	29°	68	5.15FM
	SE	Female		4 RACE	White		DATE OF BIRTH	-11	6 AGE (In last birth	years day) YRS.	TE JINDER I YEAR MONTHS OAYS	IF UNDER 24 HRS HOURS MIN
7	a. B	IRTHPLACE (State or foreig	n 71	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIED	9 00	UNTY OF DEATH			
L		Maryland		U.S.	Α.	WIDOWED [			Baltimor			Md.
53		TOWSON		g-ve-st	ME OF HOSPITA, OR INStreet address)  Joseph	Hospita	1		UPATION (Kind of w warking life, even if		12b. KIND OF E INDUSTRY	SUSINESS OR
36,00	3a dm.s	USJAC RES DENCE (Where sion) STATE	deceased	vod, if institution 126 COUNTY	n: Residence before	13c CITY OR T	DWN 136 H	NSIDE C TY LIMITS?	13e STREET AND NO		3 04	21.205
7 1	4 F	Maryland ATHER S NAME First		Middle	Lost	<u>Baltin</u>	MOTHER'S MA DEN	NAME First	4911 E.	<u>rece</u> Middle	ral St.	-21205
		James Kruszy	nski				Frances					1431
	60	WAS DECEASED EVER IN U rs, no or unknown) (If y	S. ARMED	FORCES?	16b social security i 13-10-349	10 17. INI	ORMANILind	la Woods	g, dght.,	band.	Forrest	Ave.
		18 CAUSE OF DEATH (En	ter anly	one couse per line	for (a) (b) and (c).						APPROX M	IATE INTERVAL ISET AND DEATH
	-	PART I. DEATH WAS	CAUSED B IMEDIATE	Y: CAUSE (a)	Cereb	ral T	rombosi	.s				
1 22 E	-	4339		DUE TO, OR AS	A CONSEQUENCE OF							
		Canditians, if any, which rise to immediate cause	(o).	(b)								
	- 1	stoting the underlying clast.	ouse		A CONSEQUENCE OF							
	- 1	PART 2 OTHER S-GNIFICAL	J COLDE	CONC. CONTRIBUT.	LC TO DEATH DUT IV	OT DELLETED TO	TIP PERMITE DICE	CLCC OD COMPANY	ON ONES & DIDE I	,		
J.	_ 1	THAT Z OTHER STORIFICAL ンクメメ	II CONDI	TONS CONTRIBUTE	NO TO DEATH BUT NO	JI KELMIED TO	ME TEKMINAL DISI	EASE OR CONDITI	UN GIVEN IN PAKT !(	0)		
3	CERTIFICATION	19a, DATE OF OPERATION	19b. COI	NDITION FOR WHIC	H OPERATION WAS PER	RFORMED	2Da. AUTOPSY?		20b. IF YES, WERE F	INDINGS CO	NSIDERED IN CE	RITEYING
2	2						YES [	NO (38:	CAUSES OF DEATH?			
		21a. ACCIDENT WAS UNDI	OE OEATH	21b. TIME OF HOUR A.M.	Month Doy Year		INJURY OCCURRE	ED (Enter notur	e of injury in Part 1	or Part 2, It	em 18)	
	ÉΓ	If either, natify medical of			19 AT HOME FARM, STREET, FAC DEFICE BU LDING ETC		TION Street or I	R.F.O. No.	City or Tawn		Caunty	State
	- 1	While Nat while to work of work										
	1	22a. I certify that (I saw the deceas	) (this	hospital) atter	ded the decease	d from	12-27-	19 00	to <u>12-29</u>	, 19_	68 , that	(I) (we) last
	-1	causes stoted a	bove, (	l) (we)(did)(c	lid not) view the	oody after de	ath.	or) ahimon (	sediii occaired d	n the agt	e ana nour a	nd from the
	ľ	22b SIGNATURE	4	1 -	. 1		ATTENDING	MED.	- STAFE		ATE SIGNED	
	ŀ	Cam	0	2 0	mbor	DEGREE	PHYS	MED DIRECTO	R STAFF C	<b>X</b> 15	-29-68	
1				e Punzal	-				d., Towso		. 21204	
23 E	30 Bw	BURIAL, CREMATION, REMOVAL (Specify)	23b DAT 1/2/	69	St. St		EMATORY s Cemete	ery 23d	10cation (City or To	own)	(County)	(State)
	4 F	JNERAL DIRECTOR	him	inek Fund	eral Home			REC D BY REG!		GISTRAR S S		
TO XI		3:	33I E	rehms L	ane 212	13	DAT	EJAN 2	15/659	Lucy	May In	Han



				ID STATE DEPARTMENT (		ADVIAND 01001		
1	172	38	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEAT		AKILAND ZIZUI	4 4 0	h = 0
	DECEASED-NAME     (Type or print)	Anne Anne	M.ddle M.	lost Streeter	2o DATE	of DEATH mbe Month 2nd	1958	28 HOUR 2.30PM
	3 SEX Femal		4 RACE White	s. DATE OF BIRTH	1881	6. AGE (In years loss) YRS.	MONTHS DAYS	HOURS MIN
	70. BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY		ore Cou	nty Md.
	10 CITY OR TOWN OF C Baltimore		give street oddress)Holl 531 Stevenso	y Hill Nursingho	USUAL OCCUPATION may most of working	ON (Kind of work done ng life, even if retired.)	125. KIND OF E	SUSINESS OR
			lived, if institution Residence before	13c CITY OR TOWN T3d INSIDE	CITY LIM 15? 13e	STREET AND NUMBER 31Stevenso	n Land	
1	14. FATHER'S NAME	First Iohn	M ddle Lost Hannon	15. MOTHER'S MAIDEN NA		Tynan Middle		Last
	160. WAS DECEASED EV Yes, npg grunknown	ER IN U.S. ARMED		no 17 informant Objective Oh	lson,P.O	Address 275,	Glen Bu	rnie
	18. CAUSE OF DI PART 1. DEAT	TH WAS CAUSED I		indias Fro	ilure		APPROXIM BETWEEN ON	NATE INTERVAL RSET AND DEATH
	Conditions, if ony	7	DUE TO, OR AS A CONSEQUENCE OF	artonian	2 Vones	źs		
	rise to immedio stoting the unde lost.	le couse (o),	DUE TO, OR AS A CONSEQUENCE OF	<u> </u>	power			
	Marine Marine	GNIFICANT CONDI	(c) ITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GI	VEN IN PART 1(0)		
2	190 DATE OF OPER	ATION 196 CO	ONDITION FOR WHICH OPERATION WAS PE			IF YES, WERE FINDINGS CO ISES OF DEATH?	ONSIDERED IN CE	RTIFYING
	210 ACCIDENT W Contributing Ciff either, notify i	CAUSE OF DEATH	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED	(Enter noture of II	njury in Port 1 or Port 2, I	tem 18.)	
	21d INJURY OCCU	JRRED   21e PL		CTORY.) 21f. LOCATION Street or R.F	D No C	ity or Town	County	Stote
	22a I certify sow the	thot (I) (this-	hospital) attended the deceosive on (I) (we) (did) (did nat) view the	196 L, and that/in (my) (our	19 <u>6 &amp;</u> , to_ ) apinion deot	h occurred an the da	6 कें, that te and havr o	(I) ( <del>we) last</del> and fram the
	22b. SIGNATURE	Juren	041	DEGREE PHYS	DIRECTOR C	STAFF 22c I	ATE SIGNED /	58
1	22d. PHYSICIAN'S NAME (Type)	7	1	22e. ADDRESS 6805	York Ro	oad, Balto.	Md. 212	12
	230 BURIAL, CREMATIC REMOVAL (Specify	12/		cemetery or crematory		CTION (City or Town)	(County)	(Stote)
58	24 SUNFRA DRECTOR SINGLE FOR	Funer	al Home/Glen ADDRES	rnie, Md. 250 R	ECD BY REGISTRAN	968 The REGISTRARS	S GNATURE	ge







	17251	DIVISION OF VITAL RECORDS,	301 W. PRESTON STRE		ARYLAND 21201	17262
1.	DECEASED-NAME First	Middle	lost	20 DATE O		2b HOUR
	(Type or print) WALT	ER	TABOR		Month 28	Y88 8:20A
3	MALE	4 RACE WHITE	5. DATE OF BIRTI	)4	6 AGE (in years last bythday)	MONTHS DAYS HOURS MIN
70 cg W.	BIRTHPLACE (State ar fareign country) EST VIRGINIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIEX X X X VER MARRIE WIDOWED DIVORCE		F DEATH BALT IMORE C	OUNTY
	FORT HOWARD	11 NAME OF HOSPITAL OR IN:  OLIVE STIEGO ODDICESS)  VET ADLI HO	SPITAL	120 USUA, OCCUPATION during most of working ENGINEER	k (Kind of work done g life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY CAN COLIPAN
od	m ssion) STATE ARYLAND	d lived, if institution. Residence before 13b. COUNTY		I INSIDE C TY LIMITS? 13e 5	TREET AND NUMBER 312 Bero Ro	ad 21227
14	FATHER S NAME FIRST ROBERT	Middle Lost TABOR		JANE		JACKSON Lost
16 E	SO WAS DECEASED EVER IN U.S. ARMI	D FORCES? 166 SOCIA, SECUR TY 1 23 -11/14/26 217		RECORDS, V	Address FT	HOWARD, MD.
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)NETASTATIC	CARCINOMA OF	LUNG		APPROXIMATE INTERVAL BETWISH ONSET AND DEATH YEARS
	Conditions, if ony, which gove ) rise to immediate cause (o),	(b) DUE TO, OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF				
	stating the underlying cause lost.	(4)				
2	,	DITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVI	EN IN PART 1(a)	
CERTIFICATION	190 DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY YES		F YES, WERE FINDINGS OF DEATH? NO AU	ONSIDERED IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		RED (Enter noture of inju	ury in Port 1 or Port 2,	Item 18)
W	While Not while	LACE OF INJURY ( AT HOME FARM STREET, FAC OFFICE BUILDING, EYC			y or Town	County State
	22a. I certify that (IX (this saw the deceased ali causes stated abave,	haspital) attended the decease ve an 12/26/68 1 (1) (we) (did) (did not) view the	od fram 12/4/00 9, and that in (15) bady after death.	, 19, td- <u>&lt;</u> / (aur) apınian death	occurred an the da	, that (1) (we) lo te and have and from th
	22b. SIGNATURE	albert me	DEGREE PHYS	MED DIRECTOR D		DATE S GNED 2/26/68
00	JOHI JOHI	D. TALBERT, M. I			RD, MARYLAN	
L		-30-68 CREST	CEMETERY OR CREMATORY LAWN CEMETERY	BALT	ON (City or Town) IMORE, MD.	(County) (State)
24	I. FUNERAL DIRECTOR	HUBBARD FUR	A TOTAL OF THE PARTY OF THE PAR	atDEC 3 0 19	256 REGISTRAR S	



/			NO STATE DEPARTMENT O		
	10050	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, B.		17263
-		44116	CERTIFICATE OF DEAT		
l'	DECEASED NAME First		Lost	2a. DATE OF DEATH  Month	Day Year 2b HOUR III
Ļ		ARETH B. TAGART		DECEMBER 20th	<u> 1968 8:45</u>
3.	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years a last byth)day)	F UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS M.N.
Ŀ	FEMALE	WHITE	6-16- /8	83 82 YR	2
70	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
L	unity)  Italy,  CITY OF TOWN OF DEATH	U.S.A.	WIDOWED X DIVORCED	Baltimore Count	Md.
1,0	city or town of DEATH utherville, Md.	g ve street address)	NSTITUTION (If not in hospital 12a durin OR NURSING HOME CO	USUAL OCCUPATION (Kind of work dan g most of working life, even if retired MPARISCY SHOPPER	126 KIND OF BUSINESS OR INDUSTRY
13	JSUAL RESIDENCE (Where dece	sed livid, if institution. Residence befor	B 13c CITY OR TOWN 13d. INSIDE	TY LIMITS? 13e STREET AND NUMBER	The same and the s
L	WASHING	L'O.F. D.C.	AE2 🔼	NO T ROOSE VILTE	OTET .
14	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAV	AE First Middle	Lost
L		LMER BAGGALEY		RI UCCELLI	
16	a WAS DECEASED EVER IN U.S. Al Yes, no, or unknown)   (If yes give	RMED FORCES? 16b SOCIAL SECURIT		Address	
F	no	unfinas		TLIAMS OWINGS MII	I.S. MD 21117
	IB. CAUSE OF DEATH (Enter of	ED BY			BETWEEN ONSET AND GEATH
	PAKE 1. DEATH WAS CAUS	HATE CAUSE (o)	ハーハ		12 hours
1	4260	DUE TO, OR AS A CONSEQUENCE O	F O.	1	
	Conditions, if any, which gave use to immediate cause (a)		ito-selen	+ + hyperfun	- Zo gray
	stating the underlying cous		F	H	
	lost.	(t)			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
3	IA DITE OF ODER PRODU	CONDITION FOR HUBBLE ORCHARDON	NORTH AND ALLEGONS	TON IS USE THERE SHIPLING	CONCIDENCE IN CERTIFICA
CEPTIFICATION	190 DATE OF OPERATION 19	o. CONDITION FOR WHICH OPERATION WAS		206 IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
			21c. HOW INJURY OCCURRED (	Enter nature of injury in Part 1 or Part	2, Item IB.)
MEDICAL	Greentributing Cause of or	ATH HOUR A.M. Month Day Yes	19		
ME		PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D	. No. City or Town	County State
	While Not while at work	COTTLE BUILDING, EIC	1		10
	22a. I certify that (I) (4	his haspital) attended the deced	sed fram	968, to be 30,	19 <u>68</u> , that (1) (we) last
	saw the deceased	alive an Sec 10	19.65, and that in (my) (eer)	apınian death accurred an the	date and haur and fram the
	221/ SIGNATURE	ve, (1) (we) (did) (did nat) view th	e dauy after death.		RC DATE SIGNED
	R	f 115 00.	DEGREE PHYS	MED STAFF DIRECTOR DIRECTOR DIRECTOR	No. 20 CO
	22d. PHYSICIAN'S	Wallet.	22e, ADDRESS	DIRECTOR - NEIZ	00,000
	NAME (Type) PAN	MER H. Wihh	AMS HONSTO	N. Rd. ENINO	45 Milhh 5/14
23	BURTAL, CREMATION,	DATE O 1 19 234 NAME	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(State)
L	During	er 21, 14688110	Won Vague	exelle Ball	were Mix
24	FUNERA, DIRECTOR	1 / MODRE	250. RE	0.07	R'S SIGNATURE
	Transe 4	1. Merrely Ils	KRANUKOS PAIN	C 2 6 1968 Free	The state of the s



. .

1		17253	DIVISION OF			PRESTON STRE		RE, MARYLAND 21201	4800
ا ج ح	1. D	CEASED NAME First		Middle		Lost		. DATE OF DEATH	17267 25 HOUR
er death funeral I and er death	_	(ype ar print) EARLE		VILLIAM	T.	AYLOR		12 Manth 27 Do	9 68 Year 5: 15
hours after death.  The funeral formula of the found of the found of the found of the found.	3 SE	MALE	4 RACE	White		5 DATE OF BIRT	n, 1904.	6. AGE (In years last bythday) 61. YRS	IF UNDER 1 FEAR 1F JAMES 24 MRS MONTHS DAYS HOURS MIN
2 A	COUI	Md.	7b. CITIZEN OF WH. USA		8. MARRI	D NEVER MARRI	וגען או	DUNTY OF DEATH BALTIMORE Co	. M.
	10. (	TOWSON	II NA Olye S GRE	ME OF HOSPITAL OR INS treet riddress) LAT BALT	MEI	f nat in hospital  CEN.	12a USUA, OC during most of	CUPATION (Kind of work done work no life even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
campletely with a vertical with y event, with	13o adm	USUAL RESIDENCE (Where decease ssion) STATE Md.				OR TOWN 13	YES NO NO	13e STREET AND NUMBER 1555 Abbotts	
and caragreen n any ev	14. 1	ATHER S NAME First	Middle	Last		IS MOTHER'S MAIL	DEN NAME First	Middle	Last
be din din		William	$\mathbf{F}_{\bullet}$	Taylor			Grace	M.	Sparks
ertificate b physician ien please aval, and i		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (II yes give wo	ED FORCES? If or dates of service)	16b. SDCIAL SECURITY N	10.	7. INFORMANT		Address	
OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed with be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and catapletely e.3 should be detached for use as the burial-transit permit. Then please remave carbaned with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, with		18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED IMMEDIA)	TE CAUSE (o)	MICHIOTIA	of L	EFT LUNG	with G	ENERALIZED M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ETASTASIS
that the an. by the a ransit pe		Conditions, if any, which gave a rise to immediate cause (a), stating the underlying cause (	(b)	S A CONSEQUENCE OF					
equires that the physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CON	(t)	ING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL I	DISEASE OR CONDI	TION GIVEN IN PART 1(a)	
O HOSPITAL OR ATTENDING PHYSICIAN: The lame requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cres	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	200 AUTOPS	NO ₩	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
iclan: 1 pital ar rificate I d for us af Healtl	MEDICAL CERI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (If either, notify medical examin	HOUR A.M.	INJURY Month Doy Year 19				ire of injury in Port 1 or Part 2,	, Item 18.)
DING PHYSICI by the haspituter this certified be detached is State Dept. of	ME	21d INJURY OCCURRED 21e.   While Not while of wark	PLACE OF INJURY (	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	/	LOCATION Street		City or Town	Caunty State
ATTENDING stained by t CTOR: After shauld be a rith the State		22a. I certify that 1(1) (this saw the deceased all causes stated above	hospitol) otte ve an <b>Dece</b> (i) ( <b>xx</b> ) (did) (	nded the decease mber 27, 1 <b>mikros</b> view the l	d from 9 <u>68</u> , cody afte	nd that in (my) or death.	, 19 <u>_68</u> ) <b>XXXII</b> ; apinion	, to 12_27 , 19 death occurred on the d	9_68_, that # (we) last ate and hour ond fram the
		22b. SIGNATURE Prany	0. 0	ti no	. D o	11170		CTAFE -	DATE SIGNED 12-27-68
TO HOSPITAL OR Page 4 may be re to FUNERAL DIRE director, page 3 shauld be filed w			IARY O.	LIM M.D			N. CHA		1204
Page To Fur			ate 2/31/68.			emorial C	Cem.	I. LOCATION (City or Town) Baltimore,	
VR A15 (4) 30M REV. 1/88	24. L∈	funeral director sonard J. Ruck,	Inc. Ba	lto. Md. 2	1214	2	DATE C 3	0 1968 25b. 865 PAR	s signature

MAKTLAND STATE DEPARTMENT OF HEALTH



	Item10 FilmGi08 MARYLAND STATE DEPARTMENT OF HEALTH  1/13/69 kt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  1/7.26	
FOR STATE	1/13/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1726	5
HEALTH DEPT.		ear 2b HOUR
MEALIN DETT.	(Type or Print)	
273/43	HERBERT C TEGEDER DEATH MATED 12 28  3 SEX 4 RACE   S. DATE OF BIRTH   6. AGE (n. yeors   IF UMDER 34 MRS   2c. DATE PRONOUNCED DEAD	1968 2:4 (Ma
ny delay 2 and 3 P no 8 P no 8	tast birthday) MONTHS DAYS MIN Annath Day Year	68 2 - 40
A To	70 BIRTHPLACE (State or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   9 COUNTY OF DEATH	DAL 2419
form le Depá	(dunity) IIC A WIDOWED DIVORCED Rel tro	Md
	10 CITY OR TOWN OF DEATH 1 1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND O	OF BUSINESS OR
offer death	Carney give street address Ountain Ave. during most of working life, even if retired) INDUSTRY Balt	to Co.
	13a d'SUAL RESIDENCE (Where deceased lived, it institution. Residence before 13c. CITY OR TOWN.   13d. INSIDE CIT LIMITS?   13d. STREET AND NUMBER	
	admission) STATE Md. 136. (OUBTY 136. (OUB	L
hin 24 hours of nical in Item 18. niner's Office of poges 1 and 2 w hours offer dec	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Losi
24 in 1 in	Herbert C. Tegeder Anne Floyd	
d within 24 hours of in pencil in Item 18. Examiner's Office of File pages 1 and 2 with 72 hours ofter dec	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, in Counknown)   (If yes give wer or dates of service)   16b SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   16b SOCIAL SECURITY NO   17. INFORMANT   17. INFORMANT   18. IN	
be executed with pending" in pending" in pending in pendical Examples Medical Examples in permit. File event within 72	APPRO	DXIMATE INTERVAL
ool nit.	PART I. DEATH WAS CAUSED BY	N ONSET AND DEATH
A w t	4' - Bronchopneumonia  Due to, or as a consequence of	
per e lief / lie	Canditians, if any, which gave	
Tho Ch	rise to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
te should be e the word "per I to the Chief I a bunol-tronsit nd in any even	last. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifica iting order ol, o	3 7 1/ 1	(PODCUO
his certificate, writing to forwor be used by removal	19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AL WAS PERFORMED?	JTOPSY?
This for the perfect of the perfect	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AL YE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 11em 18.)	У П NO П
INER: T le certific should b files. 3 should nation, or	PRIMARY OR CONTRIBUTING HOUR A.M.	
INE Shor Shor Shor ashor	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f EOCATION Street of R.F.D. Na City or Town County	State
AL EXAMINER: execute the certiin. Page 4 should for your files. TOR: Page 3 should urtol, cremation,	WHILE NOT WHILE AT WORK AT WORK AT WORK	
L EXA ecute Page or you R:Pog ol, cre		in my opinion
se exector. Property Portor. Property Portor. Property Portor. Property Portor. Property Prop	death resulted fram: Natural causes XX Accident , Suicide , Hamicide , Undetermined manner	
pleose ex director. retained DIRECTG or to bur	CHIEF MEDICAL EXAMINER	
AL P	SIGNATURE / CENTRE /	
Ssory Uner	EXAMINER'S  DEPUTY MEDICAL EXAMINER   12/28/68	3
TO DEPUTY DICAL EXAMIN necessory, please execute the the funerol director. Page 4 sh 5 may be retained for your first Funeral DIRECTOR: Page 3 Health prior to buriol, crema	NAME (Type)  Ronald N. Kornblum M.D. ADDRESS(Street, city, town, or county)  23a BURIA. (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Ctate)
5 = = 25 = 2	DEMOVA (C I.)	(State) • Md.
Per 14	burial 12/31/68   Moreland Memorial   Baltimore County   24, FUNERAL DIRECTOR   250 REC D BY REG STRAR   250 REGISTRAR S S GNATURE	PICIA
YR ATSME IS	C. F. EVANS & SON 8802 Harford Road DATE DEC 30 1988 Peliante	Judas

. 6

9 1	1	Item23 Film@1.07 12/23/68 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR STATE		Ham 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	17266
HEALTH DEPT.		PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND  2 USUAL RESIDENCE (Where deceosed wed, if institution Residence of Maryland of	before odmission)
2, and 3 to PM3. Page portinent of cortinent of		o CITY OR TOWN (f outside corporate limits, write RURAL and give :  Towson, Md.  C. CITY OR TOWN (if outside corporate limits, write RURAL and give :  Baltimore 21093	neorest town)
- PER 1		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   d STREET ADDRESS	e IS RESIDENCE ON A FARM2,
Tan		Greater Baltimore Medical Center 1002 Kenilworth Drive	YES NO
Pag With 72 h		NAME OF First Middle .ost 4 DATE Month OF OF DEATH 12 10	Doy Year 19 68
	5		YEAR IF UNDER 24 HRS. Doys Hours Min.
1 in Certain Solution of the Control	, 0n	US. AL OCCUPATION (Giver kind of work done) 10b KIND OF BLSTNESS OR 11 BIRTHP.ACE (State or foreign country) 12 CTIZ	EN OF WHAT
d with n 2 in pencil i in pencil i i Examine i i Examine i i i i i i i i i i i i i i i i i i	13	FATHER'S NAME Frederick Thomas  14. MOTHER'S MAIDEN NAME Helen E. Worthington	
ruted wil ig'' in pe dical Exar mit. File iva , and	1S (Ye	was deceased ever in u.s. armed forces?  s, no, or unknown) (If yes g ve wor or doles of service) 16 SOCIAL SECURITY NO  218 28 6737 DAVID R. COHAN, atty. 10 Light	St.21202
INER: This certificate shauld be executed with nel certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examine files.  3 should be used as a bunal-transit permit. File page int, prior to burial, cremation, or removal, and in a		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove size to immediate couse (o), starting the underlying couse lost  (c)  DUE TO  (b)  Lower nephron nephrosis  (c)	INTERVAL BETWEEN ONSET AND DEATH
his certificate ate, writing the farwarded to be used as a to be used as a to be used.	ATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  Fatty liver	19 WAS AUTOPSY PERFORMED? YES X NO
ilNER: This to certificate, should be far files. 3 should be to sent, prior to to	CERT FICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  Pm. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., efc.) (City or fown) (Count foctory, street, office bldg., efc.)	ty) (Stote)
AL EXPECUTOR: Page 1 for )		21. I certify that I took charge of the remains described above, held an Autopsy 🔼, Inspection 🗌, Inquiry 🗍,	and in my opinion
tar.		death resulted from. Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲	
MED leas direction tain des		ACTUAL SIGNATURE CHEEF OF CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		DEDUTY MED CAL EVALUATED Y	12/11/68
DEPUTY MEDICAL EXAM sessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page eaith or its designated age		NAME (Type) Charles 41 () Donnell III) Address (Street, city, town, or county)	12/11/00
TO DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health or its designated age		BURIA, CREMITION, 23b DATE THEREOF 23c NAME OF CEMITERY OR CREMATORY 23d. LOCATION (City or Town) (CREMATORY Liverly) Baltimore	ounty) (State)
VR A15ME (5)	24	FUNERA, DIECTOR ADDRESS ZSO RECID BY REGISTRAR 256 REGISTRAR SIG	



FOR STATE		17256 NISIO			ON STREET, BALTIMORE, N CERTIFICATE OF DE		17267
HEALTH DEPT.	1. D	ECEASED-NAME FIR		M ddle	Lost	20. DATE KNOWN PC Month	Doy Year 25 HOUR
		ype or Print) JOHN			CHOMAS	OE ((T)	9 1682:151
ay 3 th	3 5	X 4 RACE	S DATE OF BIRTH	6 AGE (in yea	F UNDER 1 YEAR IF UNDER 24	HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
ny detay is 1, 2, and 3 ta m PM3. Page		MALE NEGRO	3/4/06	last birthday	RS. MONTHS DAYS HOURS	Min. Month Doy	Yeor M
2, 2, P			76 CITIZEN OF WHAT CO	DUNTRY? 8.	MARRIED NEVER MARRIED 🛣	9. COUNTY OF DEATH	
e e	COUR	ARYLAND	U.S.A.		IDOWED DIVORCED D	BALTIMORE COUNTY	bM Md
Pages ith far	10 0	ITY OR TOWN OF DEATH	11. NAME (	OF HOSPITAL OR INSTITUT	ION (If not in hospital 12a US	UAL OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
w at X		ORT HOWARD	AEI.ee			most of working life, even if retired )	ONSTRUCTION
0 5 6 6	130	USUA. RESIDENCE (Where decer Imission) STATE LARYIA			TY OR TOWN IS A NSIDE CITY LO		RE STREET
Hours Hem 1	14. 1	ATHERS NAME First	Middle	, QS <sup>†</sup>	IS MOTHER'S MAIDEN NAME	First Middle	Last
_		DANIEL		THOMAS	A	LBERTA	KELLY
hin 24 hin 24 numer'r pages haurs	160	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b	SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	
I within n pencl i Examiner Examiner i File page	- 11	es no ot unknown) (" WW	war of dates of service) 2	19 03 18 0	CLIN.RECORDS,	VA HOSPITAL, FT H	
ed of the part of		18. CAUSE OF DEATH (Enter of	η γ one cause per line σ	(a), (b), and (c))	6 9 1	,	APPROX MATE INTERVAL  OCTWEEN ONSET AND DEATH
id be executed rd "pend ng" in Chief Medical transit permit.		PART I DEATH WAS CAUS	SATE CAUSE (o)	make +	Sout Jul	elatin	10 hrs
f M f w		Conditions, if any, which gave		CONSEQUENCE OF			
d 'bed ''F Chie rans		rise to immediate couse (a),	(b)	CONCEOUSNEY OF			
shauk ne war na the burial I		stating the underlying cause	DUE TO, UR AS A	CONSEQUENCE OF			
e sh ta t ta i buu			(c)	O DEATH BUT NOT BELAT	ED TO THE TERMINAL DISEASE OR CO	NO TICK CIVEN IN PART 1(a)	
INER: This certificate shauld be executed within 2 e certificate, writing the ward "pending" in pencil is shauld be farwarded to the Chief Medical Examiner files.  3 shauld be used as a burial transit permit. File pagaritan, ar removal, and in any event within 72 hour	2	1/61	ENTORS CONTRIBUTING	tine	-	AUTHOR GIVER IN PART 1(0)	
INER: This certificate, writ should be farwar files. 3 should be used attach or remova	CERTIFICATION	190 DATE OF OPERATION	19b	COND TION FOR WHICH WAS PERFORMED?	OPERAT ON		20. AUTOPSY?
his cante, ve for rem	RIE				7	A	YES NO
in the first of th	CAI CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	I HEILIK & MA A	Meetir Doy, Year	21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 1, It	em_18)
INER e cer shaul files. 3 shau atran	MED C	CAUSE OF DEATH	PLACE OF HOURY AT ho	01291968	21f LOCAT ON Street or R.F.D. No.	a au many	County State
医毛チェッド	2	WHITE AT WORK AT WORK	octory, pitive by ging, ero	Iner torin, street,	70 F FL	Buth St-Duch 1	Md ===
□ > 8′ ~ · · ·			took charge of the re	emoins described ob	ove, held on Autopsy ,	Inspection I Inquiry I	ond in my opinion
ITY SICAL E  Y, please exec.  Paral director Pope retained for SAL DIRECTOR:  Paral ta buriol,		deoth resulted from:		🔲, "Accident 🗹		The state of the s	
please e durector retained I DIRECT		m	120		CHIEF MEDICAL E		
		ACTUAL SIGNATURE	DAN	24		AL EXAMINER 22b. DATE	
ecessary, pine funeral of may be refuneral of may be refuneral of may be refuneral of funeral of fu		EXAMINER'S TATELLY	N D DAUTS	1 n 68	DEPUTY MEDICAL  OF MORNIE TIN CATION. P.	EXAM NER EL 12/9	
TO DEPUTY necessary, price funeral 5 may be r 10 funERAL Health price	-	17.7					
D = # 2 D =	230	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	DATE	23c NAME OF CEMET		23d LOCATION (City or Town)  BALTIMORE. JARYI.	(County) (State)
	24	FUNERAL DIRECTOR	1000	ADDRESS	NATIONAL 250 RECD		S.GNATURE
VR A15ME (5)	5	.O.W.lm		ILSON FUNER		17 1968 25b PECUTRAR'S	es Judge
10W KEA 11.00 D3	_		<del>5</del>	OOL ORLEANS	ST. DALL MORE,	<del>-MD</del>	· · · · · · · · · · · · · · · · · · ·

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



		MAKYLAND STATE DEPARTMENT OF HEALTH	
\ 1	-		17269
. 8:	h		2 68 2b. HOURAM
death and 2		Proper or print)  Mary Elizabeth Thomas  20. DATE OF DEATH 12 Day	2. Yeor 68 2b. HOURAM 8:30 M
	3. 5		LNDER I YEAR   F UNDER 24 HRS NTHS DAYS HOURS MAIN
4 hours		BIRTHPLACE (State or fareign 7b CHILZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH PLY COMETY CO. U.S.A.   WIDDWED   DIVORCED   Baltimore	Md
within 2 bon page within	10 (	Towson, Md.  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of wark done 1 Towson, Md.  Sheppard & Enoch Pratturing registration (Kind of wark done 1 Towson, Md.	12b. KIND OF BUSINESS OR INDUSTRY
camplet control y event,	odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ission) STATEMO.   13b. COUNTY   15b. COUN	enue
nd or remo	14 1	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
e be	1/2	Edward Porter Thomas Mary –  was DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17. INFORMANT Address	Bentley
rtificate rzicie en plec rval, ar	160	WAS DECEASED EVER IN U.S. ARMED FORCES?  (AS ABO, or unknown) (14 yes give war or dates of service) 128–16–8399	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Poge 4 may be retained by the haspital ar attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attence of the state and campletely the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon passhould be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CONSEQUENCE OF	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
equires that the physician. signed by the burial-transit purial.		(onditions, if only which gove rise to immediate cause (a), stating the underlying cause lost.  Arteriosclerotic cardiovascular disease  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c) (and) influenza	20 yrs.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health priar to burial, crea	NC.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The lar aftend has be use as the prior	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSI	
SICIAN: spital ar errificate ed for a	MEDICAL C	216 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item OR CONTR.BUTING   CAUSE OF DEATH (If either, not fy medical examiner)   P.M.   19	
G PHY the has this ce detach	*	While Not while of work of work	aunty State
TENDING ned by R. After Juld be the State		22a. I certify that (I) (this hospital) attended the deceased framMay 3, 19 57, to Dec. 22, 19 68 saw the deceased olive an Dec. 22 198, and that in (my) (aur) apinion death occurred on the date causes stated above, (I) (we) (did) (did not) view the bady ofter death.	B , that (I) (we) last ond hour and from the
OR AT be retain DIRECTO		22b SIGNATURE 22c DATE	SIGNED 22,1968
SPITAL 4 may IERAL I or, pag d be fill		Paul Rodenhauser, Jr. M.D. Sheppard Pratt Hospital,	, Towson, Md
To Ho Page Girect Shoul	.R	REMOVAL (Specify)  emoval  Johns Hopkins Hospital	County) (State)
VR A15 4	24.	FUNERAL DIRECTOR  Wm. Cook-Brooks, Inc. Towson, Md.  ADDRESS  ADDRESS  DAT DEC 2 6 1968  256. REGISTRAR'S SIG	



- 600 1		MARYLAND STATE DEPARTMENT OF HEALTH  A PAGE OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	and the liter on
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7270
HEALTH DEPT.		CEFASED NAME First Middle Lost 20 DATE KNOWN Month De	oy Yeor 2b HOUR
	-{	ype or Print)  JOSEPH  FRANK  TREMPER  DEATH MATED X	19 M
any detay is 2, and 3 to PES. Page	3 S	X 4 RACE S DATE OF BIRTH 6 AGE (In years IF JHOER I YEAR IF LHOER 24 HRS 2c DATE PRONOUNCED DEAD	Yeor 2d HOUR
on G		male white Oct 31.1908 60 YRS MONTHS DAYS MOURS MUN MORTH December 31,	Yeor 19 68 A M
2,4	7o.	SIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	Mo	Baltimore	Md.
Pog ith	10. (		b KIND OF BUSINESS OR DUSTRY
ive ive ig w	10.	Hoper Home	
This certificate should be executed within 24 hours after death cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Exeminary's Office along with form 1 be used as a burial-transit permit. File pages I and 2 with the State Dear removal, and in any event within 72 hours after death		USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c City OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER 13b COUNTY LAND NO	
m I fice and 2		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
s off	]	eonard J Tremper Margaret Koch	
hin 24 mil in mil in pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within 24 pendi in xemme's sile poges 72 hours	()	es, no, or unknown) (If yes give wor or dotes of service) Agnes Gerst 4146 India Ave 36	
INER: This certificate should be executed with the certificate, writing the word "pending" in pershould be forwarded to the Chief Medical Exertiles.  3 should be used as a buriol-transit permit. File intolution, or removal, and in any event within 72.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ecut ing" ing" with		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aculte Alcoholic Intoxication	
ex pend f Me f ment		DUE TO, OR AS A CONSEQUENCE OF	
d 'pe d 'p Chie rans		Conditions, If any, which gave his a to immediate cause (a).  (b)	-
should be executed ne word "pending" is to the Chief Medical buriol-transit permit.		stoting the underlying couse   Due 10, ok AS A Consequence or	
the to the burner of in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ing the ded if ded is os o	_	Pulmonary Tuberculosis, Caseous, Cavitary	
writi war war sed	VION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
for for /	CERTIFICATION	WAS PERFORMED?	YES X NO
MINER: This certificate should the certificate, writing the word 4 should be forwarded to the Clir files.  e 3 should be used as a buriol-tre mation, ar removal, and in any		210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.)
INER: e cert shoulk files. 3 shou	MEDICA:	CAUSE OF DEATH P.M 19	
MIN the the strain of the stra	*		County State
DICAL EXAMINER: This certificate should be executed by, please execute the certificate, writing the word "pending" in erol director. Page 4 should be forwarded to the Chief Medical E be retouned for your files.  RAL DIRECTOR: Page 3 should be used as a buriol-transit purmit. Exit prior to buriof, cremation, or removal, and in any event within		WHILE NOT WHILE 1 TOCTOTY, Office Building, etc.)	
AL E execution. Poly orroi,		22a. I certify that I taok charge of the remains described above, held an Autapsy X, Inspection , Inquiry , death resulted from Natural causes X Accident , Suicide , Hamicide , Undetermined manner	and in my opinion
director.  etoined  DIRECTO  or to bur			J
ITY please by please by please by the prior to build prior to build prior to build by the prior to build by the prior to build		ACTUAL  SIGNATURE  CHIEF MEDICAL EXAMINER  ASS STANY MEDICAL EXAMINER  22b. DATE SEC	GNED
UTY ory, nero be be pr		12/2	31/68
no DEPUTY DICAL EXAM necessory, pleose execute the funerol director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	L	EXAMINER'S Werner U. Spitz, M.D. DEPUT MEDICAL EXAMINER (Type)  ADDRESS(Street, city, town, or county)	
5 = 4 × 5 =	230	BUR AL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	ounty) (Stote)
	- 1	REMOVAL (Specify) 3urial 1/2/69 Parkwood Cem. Parkville Balto.	
VR ATSME (5) (1)	1	FUNERAL DIRECTOR  ADDRESS  ADDRESS  250 RC B BY BEGISTRAR 250 REGISTRAR S SIGNAR S S	NATURE TO A STATE OF THE STATE
10M REV 1/68	L	assahn Funeral Home 7401 Belair Rd. DATE 1303	A June 2



-					STATE DEPART				
	। यु <del>।</del> <u>पु</u> रा	000	NAIZION OF AI				ORE, MARYLAND 21	201	
	L Proceedings	630			RTIFICATE OF			17	271
	DECEASED NAME     (Type or print)	First Alfre	ما	Middle	Last		2a. DATE OF DEATH Month	Day Year	808 A M
	3. SEX	Alire	4. RACE	Eugene	Tucke		Month 12	31 1968	
	Male				S DATE OF		6 AGE (In ye last birthga	MONTHS DAYS	HOURS MIN
	7a BIRTHPLACE (SIG	te or foreign [7]	Negro	COLINTRY2 8		21, 1935	COUNTY OF DEATH	3 YRS	
	country) Marylan		U.S.A.	] '	MARRIED   NEVER MA	TUVIED FOR	Baltimore,		
	10 CITY OR TOWN		11 NAME	OF HOSP TALOR INST TU	TION (If not in haspital		CCJPATION (Kind of world	k done 125 KIND D	F BUSINESS OR
	Towson		gives re	et address) Joseph Ho	snital	during mast a	af warking life, even if re	tired \ INDIISTRY	te. Ga.
	13a USUAL RESIDEN	CE (Where deceased	lived, if institution.	Residence before 113c	CTY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET AND NUM	BFR	6, 40.
l	admissian) STATE	d	Baltimo:	ce Co	ckeysvill	YES NO 🔀	10804 Pow	ers Ave.	
	14 FATHER'S NAME	First	Middle	Last	a.	MAIDEN NAME First	M	date	Last
	13.	LFRED		THEKER,	R.	Kozk	DA	SMI	+6
	16a WAS DECEASED Yes, na, at unkno	EVER IN U.S ARMED	FOR(ES? 16	b. SOCIAL SECURITY NO	17 INFORMANT	- 1/ -	Ad	dress	MIN
	YES		4 - 1 - 10 1		HILDA	TUCKER-	POWERS AVE	COCKLEYSU	THIE J.
	18. CAUSE OF	DEATH (Enter only o	γ.					BETWITH	ONSEL AND DEATH
		IMMEDIATE	CAUSE (a)As	oute renal	failure				
	2500	any, which gave)		CONSEQUENCE OF					
	rise ta immei	diate cause (a),		labetes mel	litus				
	stating the u	nderlying couse		CONSEQUENCE OF					
	PART 2 OTHE	R SIGNIFICANT CONDIT	(c)	G TO DEATH BUT NOT R	HATED TO THE TERMIN	AL DISEASE OR COND	DITION GIVEN IN PART I(o)		
	0 4				TO THE PERMIT	AL DISERSE ON COMP	anon onen in raki i(o)		
	19a. DATE OF O		NDITION FOR WHICH	OPERATION WAS PERFOR	MED 20g. AUT	OPSY?	20b. IF YES, WERE FIN	DINGS CONSIDERED IN	CERTIFYING
ı	19a. DATE OF O				YES	NO 🔀	CAUSES OF DEATH?		
I		WAS UNDERLYING	216 TIME OF IN		21c HOW INJURY O	CCURRED (Enter nat	ture of injury in Part 1 or	Part 2, Item 18)	
	(If either, nati	NG CAUSE OF DEATH  fy medical examiner)	P.M.	Manth Day Year 19					
		CCURRED 21e PU	ACE OF INJURY (AT	HOME, FARM, STREET, FACTORY,	21f LOCATION SIT	eet or R.F.D. Na.	City or Tawn	Caunty	State
	While Na	wark							
	22a. 1 certi	ty that 🔼 (this I	haspital) attend	led the deceased f	rom_12/18/	, 19 <u>68</u>	n death accurred on	, 19 <u>_68,</u> tha	t 🐴 (we) last
	couses	stated above. (	) (we)(did)(di	d not) view the bod	🕰, and that in (r v ofter death.	nyj (our) apinio	n death accurred on	the date and hou	r and fram the
	22b. SIGNATUR			,				22c. DATE SIGNED	
	7	Zanier 7	P. Rope	2 140	DEGREE PHYS	ING MED. DIREC	TOR STAFF PHYS.	12/31/68	
	22d. PHYSICIAI NAME (Ty	1*0	P. Lopez	M.D.	22e AD	ORESS	Ψ	W4 07 004	
				-			., Towson,		
	230 BUR AL, CREMA REMOVAL (Spen	TION, 23b DAT	169		TERY OR CREMATORY		Bd LOCATION (City or Tow		(State)
ŀ	24 FUNERAL DIRECT					250 REC'D 8Y RE		STRAR'S SIGNATURE	
1	Druck.	Metruen	1 -17017	Ma Cullou	St mosts	DATJAN 3		liante In	dat

	1	MAKTLAND STATE DEPARTMENT OF HEALTH			
	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M	ARYLAND 21201	17272	
	L	17261 CERTIFICATE OF DEATH		11212	·
		(T 1)	OF DEATH Month Doy	Voor	2b HOUR
		Nellie Leona Jucker pec	19	1968	8 PM
	3 5		6. AGE (In years last birthday)		INOER Z4 HRS.
	7	Female White NOV. 23 1889	7 79 YRS.		
	COF	unity)	. /		
	10		Balto. ON (Kind of work done	125 KIND OF BUSI	Md.
2"]	Ι.	cockeys ville give street address), Home of Moduring most of works	ing life, even if retired.)	INDUSTRY	- NE22 OK
	130	O USUAL RESIDENCE YWhere deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e	STREET AND NUMBER	., 1	
	Odil	mission) STATE md, 136. COUNTY BaIto. Balto. YES NO 14	400 marsha	1/ St.	
7	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle	de .	.ast
3	L	Kobert M. Marsh Mary		ackso	
		O WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ("yes give wor or denes of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT	Address	RIVETA B	each, Md
	-	No 2/2-10-5331/1/45. Grace 1342	7107 165 K	APPROXIMATE	rive
		PART 1. DEATH WAS CAUSED BY.		BETWEEN ONSET	INO DEATH
		IMMEDIATE CAUSE (0) LUBAN WE REYMONIA			
	L	Conditions, it only, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, it only, which gave)  (b) Arteric - Sclentic Vas. Heart	Disease		
		rise ta immediate couse (a).	JI) EUFE		
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE ORCONDITION G	IVEN IN DADY 1/a)		
		<u> </u>	THE OF TAKE 1(0)		
	110	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b.	IF YES, WERE FINDINGS CO	INSIDERED IN CERTIF	YING
×.	CERTIFICATION	YES NO 🔀 CAU	JSES OF DEATH?		
			injury in Port 1 or Port 2, It	tem 18.)	
	<b>₽</b>	Or CONTRIBUTING CAUSE OF CEATH   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1			
	WED	2 d IN RY OCCURRED 2 le PLACE OF INNURY (AT HOME FARM, STREET FACTORY ) 21f LOCATION Street of R.E.D. No.	City or Town	County	State
		While Nat while at work at work		,	
		220   certify that (1) (this hospital) attended the deceased from	Vec 19, 18	, that (I)	(we) lost
		sow the deceosed olive on Jec. 19, and that in (my) (our) opinion deat couses stated above, (I) (we) (did not) view the body ofter death	h occurred on the dot	te and hour and	from the
	П	22b SIGNATURE Z.	22, 0	DATE SIGNED	
		DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT	STAFF DIP	19/	765
ì		22d_PMS CIANS 22e. ADDRESS 4 M	1 1 1 1	1	700
-		NAME (Type) Carl to Deuson MD, 5111 You KRC	1 17417.1h	let 212.	12
	230		ATION (City or Town)	(County) (S	State)
		1319/129/14 12-23-68 Loudon PARK BI	ALTIMORE	MD	
H	24	I FUNERAL DIRECTOR 10 ADDRESS OIL 1250. REFORM REGISTRAN	256 REGISTRAR'S	SIGNATURE	
	1	No Cook-Brocks lowson Tackson Mid 212. DATE COS	1000 /	100 Judge	i.

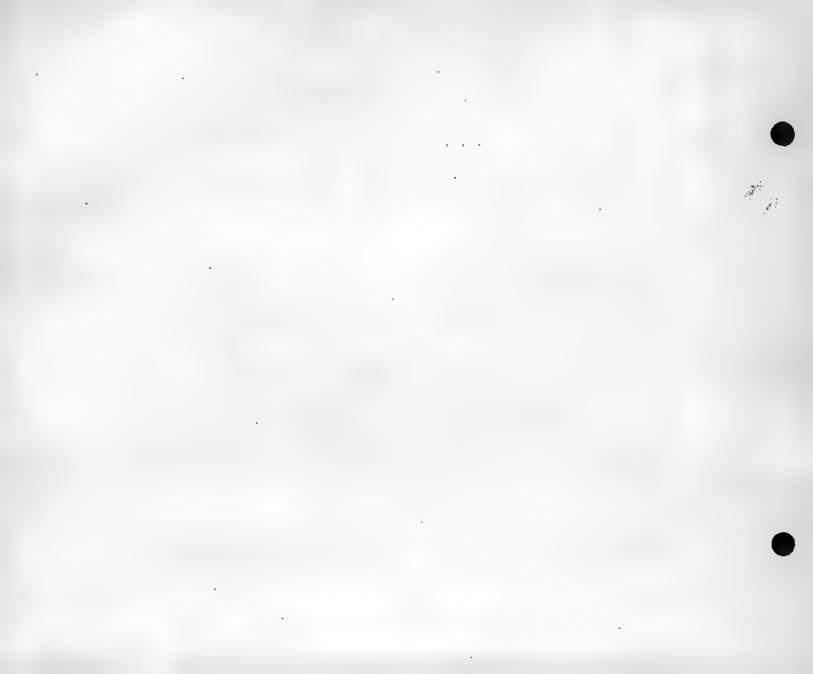




- n		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
,		17273 CERTIFICATE OF DEATH 17274
2 82	1 D	ECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
death. neral and 2 death	(1	Type or point) KAthlern' Si Cindike Month Day Year 7 F' M
P 20 P	3. 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
TANK T		F. m. 19/1   last birthday) MDNTHS DAYS HOURS MIN
71 7 5 5 5	70	1+111111
ho se ch		ntry)
n 72	14	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
and completely these in by remove carbon-papers. Page an any event, within 72 hours		g ve street address) , M; Harry during most of working life, even if retired.) INDUSTRY ,
	1	Attastille Summit Willsing Housewife Hans
complex carry event	13o	USLA, RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS) 13e STREET AND NUMBER INSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 15d INSIDE CITY LIMITS) 13e STREET AND NUMBER INSIDE CITY LIMITS 13d INSIDE CITY L
com com		IMPRIJAND V Haward SALAGE - SUM COMMER JOH ST.
and crem	14	FATHER'S MAME First Middle Last IS. MOTHER'S MA DEN NAME First Middle Lost
be n all series	L	Surful Depleasing the DAILY (L'AREMAN!
arte icia an an	160	WAS DECEASED EVER IN U.S. ARMED FORGES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address  (es, na, at upknown) (If yes give war or date at service)
tific hys		Tallma bringer.
that the death certificate b an. by the attending physician ransit permit. Then please cremation, or remayal, and i		18 CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c))
ath ndin it.		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Pransissing Court have
de de erm erm n, o		DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF
the of th		Conditions, if ony, which gave)
nat J. ± Zinsii		rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF
equires that tl physician. signed by the burial-transit		Igst. OU Carein one
uire hysi gne yria		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TENDING PHYSICIAN: The law requires that the death certificate be executed ined by the haspital ar attending physician.  OR: After this certificate has been signed by the attending physician and complete auld be detached far use as the burial-transit permit. Then please remove carly the State Dept. af Health prior to burial, crematian, or remayal, and in any event,		1634
din	FICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
dos the prince of the prince o	3	YES NO CAUSES OF DEATH2.
Ting a see a	E	21o. ACCIDENT WAS UNDERLYING (21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)
AN al c	15	DR CHITRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year
SIC Spit spit ed ed a f	MEDICAL	(If either, notify medical examiner) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY   AT HOME FARM, STREET, FACTORY.) 21f. OCATION Street or R.F.D. No City or Town County State
HY ha ha se cath	-	While That while The Latter Mississipping of the Mi
te Det		TO WORK OF WORK
by Sta	1	22a. I certify that 47 (this haspital) attended the deceased from 1967, 1967, ta 1967, that (1) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred on the date and hour and from the
R: / FEN		causes stated abave, (i) (we) (did) (did nat) view the bady after death.
Sharing Sharin		22c. DATE SIGNED
OR be re 3 ed w		DEGREE PHYS DIRECTOR DIRECTOR 12-12-3/6
y b		22d, PHYSICIANYS 22e. ADDRESS
SPITAL OR ATTENDING PHYSICIAN: The law requires the may be retained by the haspital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by ar, page 3 shauld be detached far use as the burial-transid be filed with the State Dept. af Health prior to burial, cre-		NAME (Type) KAYMOND DISAHRED ST AGNES TO P.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital ar attending physicin TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. at Health prior to burial.	230	BURNA, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Syste)
O KOS Page O FUN direct	/	BURNA. CREMATION. 236 DATE 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
^	24.	INSPAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
VR A15 M 30M REV \\¥\$	}	Para is son Jumpach sur day Mil DEC 27 1968 Reproved Judge
\D'\	4	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH





. e ÷







1 \/	١	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
X	I	tem5 FilmCh08 1/2/69 kk CERTIFICATE OF DEATH
r death uneral 1 and 2 rr death.		ECEASED-NAME First Middle Last 2a. DATE OF DEATH 12 Month 24 Day 68 Year M
haurs after death	3 \$	Female  4 RACE Cauc.  S DATE OF BIRTH December 29 1881,  6 AGE (In years   FUNDER 24 HRS.   MIN YRS.   MONTHS   DAYS   HOURS   MIN YRS.   MIN Y
24 haur	76. cau	BIRTHPLACE (Stote or foreign U.S.A.   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   Baltimore Md
within within	В	altimore Maryland  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during Projective aven if retired)  12 USLAL OCCUPATION (Kind of work done during Projective aven if retired)  13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during Projective aven if retired)  14 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during Projective aven if retired)
¥ E = 1←	13a ader	USUAL RESIDENCE (Where deceased lived, if institution Residence before ssion) STATMaryland 136 COUNTY Baltimore Baltimore Baltimore   136 COUNTY Baltimore   136 Forest Park Ave.
be execut n and car		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lost (late) Almota
ertificate bu physician ( nen please iaval, and ii	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ses, no ac unknown) 1/1 yes give wor or dotes of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Mrs. Shirley Mattingly 12.65 Forest Park Ave.
law requires that the death certificate be executed nding physician.  been signed by the attending physician and cample is the burial-transit permit. Then please remave to the burial, crematian, or remaval, and in any even		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)  PART 1 DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause (a).  The constitution of the consequence of the conse
The law requateding plants been signed to the prior to but the prior to but	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(0)  19d. DATE OF OPERAT.ON 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?
inc PHYSICIAN: The by the haspital ar atlifer this certificate habe detached far use State Dept. at Health y	MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING
Page 4 may be retained by the haspital ar attending for Funeral DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		220. I certify that (I) (this hospital) attended the deceased from 10-15 , 19.60 , to 12-24 , 19.63 , that (I) (we) lost sow the deceased alive on 12-23 1963 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
O HOSPITAL OR Page 4 may be re-		220 PHTSIC ANS NAME (Type) NOR MAN R. KLEIMAN 220 ADDRESS 3 COMUNDSON ALE - 2/2 29-
ď	24	BURIAL CREMATION, PREMOVA (Spec fy) 12/27/1968 Manchester Cemetery (Store) Manchester Maryland  ADDRESS WITZE (Sons 4101 Edmondson Ave. Balto. Md. 250 ECC 27 RG ST4568 254/ECC 28 RG ST4568 254/ECC 2
VR A15 (4) 45M - 1 69		Witzke & Sons 4101 Edmondson Ave. Balto. Md. DEU 2 1 1868



W For all KI

MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17283 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 26: HOUR eath. termicate be executed within 24 haurs after death WATTERS (Type or print) LOUISE 12 Month 28 Doy 68 Year Pearce 7:20pm S. DATE OF BIRTH 3/25/1893 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS CAUCASIAN last highdoy) MONTHS DAYS HOURS FEMALE 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Md. U.S.A. BALTIMORE COUNTY WIDOWED IX DIVORCED [ campletely filled crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR BALTIMORE give street oddress) G.B.M.C. during most of working life, even if retired ) INDUSTRY Own Home Homemaker 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY Baltimore odmission) STATE YES NO Ext Manor Road Monkton 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Middle Harry Hutcins Pearce the attending physician as sit permit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 216-46-6030 Mrs. Douglas R. Small, Manor Rd. Monkton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY CONGESTIDEE HEART FAILURE 48 hrs. IMMEDIATE CAUSE (o) 2200 DUE TO, OR AS A CONSEQUENCE OF signed by the burial transit it burial, cremati Conditions, if ony, which gove ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. 5410 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SEVERE, PROFUSE BLEEDING FROM G I TRACK, WITH SHOCK has been di≡ctor, page 3 shauld be ∎etac∥∎d far ≡se as the shauld be filed with the State Dept. af Health prior ta 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

1) Bleeding from a duodenal 206. AUTOPSY?

1) Bleeding from a duodenal 206. AUTOPSY?

21c. HOW INJURY OCCURRE 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K 12/25 & 26 TO FUNERAL DIRECTOR: After this curtificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING (CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, not fy medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from December 2519 68, to December 289 68, that (I) (we) last saw the deceased alive an December 280, and that in (my) (aur) apinian death accurred an the date and haur and from the be retain∎d causes stated abave, (we) (did) (did not) view the bady after death. 22b. SIGNATURE Dr. J. C. Aigular 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF 12/28/68 DEGREE 22d. PHASICIAN'S 22e ADDRESS NAME (Type) Greater Balto . Med. Center 23o. BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore, Md. Greenmount 24. FUNERAL DIRECTOR
H.W.Jenkins 2So REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE York Rd. & Sons Co. 4 DATEAN 2 1969



1.969	L	MAKYLANU SIAIE DEPAKIMENI OF HEALIH	
<del></del>		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	7284
Jeath. eral and 2 Jeath.		DECEASED-MAME First Middle Last 20. DATE OF DEATH Type or print) JOHN FRANKLIN WEAVER 12 Month / 8 Doy	68 Year PHARM
hours after death.  "" " " " " " " " " " " " " " " " " "	3 S		IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hours r. P. P.	70 (OU	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
7 20 00	10.	Penna. USA WIDOWED DIVORCED Baltimore  CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
within page		Battimore give met oddress) Wisingth during most of working the even if refer to	sn Clergyman
complete cont		. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before rission) STATE Md. 13b. COUNTY Balto. 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c CTTY OR TOWN 7 13d INSIDE CITY LIMITS? 13c CTTY LIMITS? 13c CT	ıd
D & 8	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle CC. Weaver XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Lost Eulton
requires that the death certificate be g physician.  is signed by the attending physician a burial-transit permit. Then please reburial, crematian, ar remayal, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO   17 INFORMANT Address	
ertific phys pen p	-		Pay Dr. #21204
ne death ce attending r permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CEREBRAL Throne 13 0515	BETWEEN ONSET AND DEATH
he de afte permian, c		25c 4 DUE TO, OR AS A CONSEQUENCE OF -	10155
s that th cian. d by the l-transit j		Conditions, it only; which gove as to immediate cause (a)  (b)   GENCRALIZED ARTGROSC/EROSIS  DUE TO, OR AS A CONSEQUENCE OF	973
equires tha physician. signed by burial-tran burial, cren		lost (c) Din Betes Melletus	915.
required physical phy		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  TREATER SOCIETY OF CARDIN VASCULAR DISEASE OR CONDITION FOR THE PART 1(0)	
ICIAN: The law repital ar attending rifficate has been of far use as the af Health prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar atte To FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use a should be filed with the State Dept. af Health pr	MEDICAL CER	21a ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, I   19   19   19   19   19   19   19	tem 18.)
DING PHYSICIAL by the haspital frer this certifica be detached fa State Dept. of H	WE	21d INJURY OCCURRED While Not while at work at	County State
ATENDING attending by the CTOR: After I should be d	١	22a. I certify that (I) (this hospital) attended the deceased from JAN. (1960, ta Dec. 6, 196 saw the deceased alive an December 1968, and that in (my) (our) opinion deoth occurred on the do	te ond hour ond from the
OR ATTENION DIRECTOR: A should be distributed by the state of the stat	ı		DATE SIGNED
L OR / be r DIRE	L	224 PHYSICIAN'S DIRECTOR PHYS.   DEGREE PHYS.   1220 ADDRESS	2-18-68
O HOSPITAL OR ATTENI Page 4 may be retained o FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) S. J. VENABLE, JR M.D. 7215 YORK FLD REALT	imoli M.P.
TO HOSPITAL Page 4 may 1 TO FUNERAL D director, pag should be fill	L	Dui lai	(County) (State)
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR  ADDRESS  ADDRESS  Chell-Wiedefeld Home 6500 York Rd. Balto.  ADEC 27 1968  ADEC 27 1968	SIGNATURE Cen Junge
	Fi	Md. 21212	0-0



	1			D STATE DEPARTMENT OF								
1		D It was a series of		301 W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201 .	17285						
		17274 CERTIFICATE OF DEATH										
		CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR						
	(1	ype or print) DR. ELMO	RE M.	WEBB DDS	December 20	1968 M						
	3 SE		4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF JINDER I YEAR IF JINDER 24 HRS.						
	1	Male	Caucasian	Aug. 16, 18	( last_buthday)	MONTHS DAYS HOURS MIN.						
	70	BIRTHPLACE (State or foreign 75		<del></del>	9 COUNTY OF DEATH							
	cant	ntry)		8 MARRIED NEVER MARRIED DIVORCED DIVORCED								
	10. 4	Maryland ITY OR TOWN OF DEATH	U.S.A.  11 NAME OF HOSPITAL OR INS		Baltimore JAL OCCUPATION (Kind of work done	Md Md						
	1		give street address) 10611 York R	during n	nost of working life, even if retired.) DLISE	126 KIND OF BUSINESS OR INDUSTRY						
	_	Cockeysville				Dental						
	odm	ssign) STATE	lived, if institution. Residence before	13c, CITY OR TOWN 13d INSIDE CITY								
		Md.	Baltimore	Cockeysville X	- I TOOTT FOLK K	<u>d</u>						
1	14. 1	ATHER'S NAME First	Middle Last	15. MOTHER S MAIDEN NAME	First Middle	Lost						
			artin Webb	Mary	Frances	Miller						
	160.	WAS DECEASED EVER IN U.S. ARMED	r dates of service?		Address							
		es, no, ar unknown) (* yes give war o	213-38-61	77. Mrs. Clarice	I. Webb Same as							
		18. CAUSE OF DEATH (Enter any	ane cause per line far (a), (b), and (c).)	0 00	A 4	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED B IMMEDIATE		19 11 1 2 mar 1911	asstrasia	trop and						
		Zp ; )	DUE TO, OR AS A CONSEQUENCE OF		1 1							
		Conditions, if only, which gove	W Por Fores DO	Jonali Bed Hoppil	T +1000000	2.1121						
		rise to immediate rause (a),	DUE TO, OR AS A CONSEQUENCE OF			10.34.22						
		stating the <u>underlying cause</u>	WARRE TO	and protourate	, an 1/	5.4120						
		PART 2. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)							
	1_'	4201				•						
	N N	19a. DATE OF OPERATION 19b. CON	NDITION FOR WHICH OPERATION WAS PER	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING						
1	CERTIFICATION		The second secon	YES NO T	CALICES OF DEATHS							
. 16	CERT	21a. ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	y L	er nature of injury in Part I or Part 2,	Item 181						
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		or receive or inquiry in Full 1 or Full 2,	100						
	MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED [21e. PL)			o City ar Tawn	County State						
		While Mat while 1	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ZII LUCATION Street of K.F.D. N	u tny ar iawn	coomy state						
		of work at work	L 16 13 - 16 - 1	11 0 -13 - 10	12 10 10	68 4-101						
		220. I certify that (I) (this	nospitol) attended the decease	d from 7-7-, 19 9 and that in (my) (adr) on	6.2, to 19 -20-, 19	ote and hour and from the						
		couses stated above.	l) (we) (did) (dident) view the b	pody ofter deoth.	2 Den	are and noor one from the						
		22b. SIGNATURE	X-SC 1	to D		DATE SIGNED						
		Viele and	1-14-11-17	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	9-21-68						
ı		22d. PHYSICIAN S		22e. ADDRESS	70 70	2-01-50						
-		NAME (Type)	F.411102	2/0	59. Charles	0 St.						
	230	BURIAL, CREMATION, 23b. DAT	TE 23C NAME OF C	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)						
	200	DEMONIAL IC IT 1		rmel Methodist		, ,,						
_	24.	FUNERAL DIRECTOR	ADDRESS		Mt. Carmel Rd.  BY REGISTRAR 2Sb. REG STRAR:							
N			owson Inc. 1050	050		Man Inder						
J Y	ALC: NO. 1	" GOOK DECOKS I	OMPOUT THE TOO	TOTK KG. LAWING	H - IAAA V	V / /						

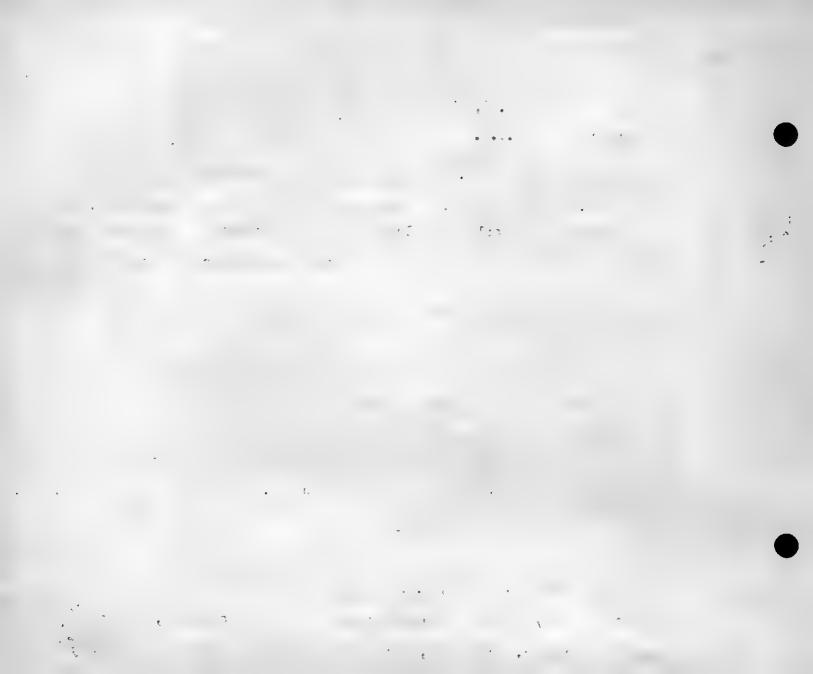




1 (2)	L .	DIVISION		ND STATE DEPARTMENT		VIAND 01001		
10	1727	G DIVISION	A OL ALINE RECORDS	, 301 W. PRESTON STREET, CERTIFICATE OF DEA		TLAND 2   20	1728	7
	1. DECEASED-NAME	First	Middle	lost	20. DATE OF			2b HOUR P
	(Type or print)	John	Leonard	Weber	1:	2 Month 27 Do	1968	2:40m
	3. SEX male	4 RACE	white	S. DATE OF BIRTH March 5,	1886	6. AGE (In years lost birtheyy) YRS,		F UNDER 24 HRS HOURS MIN
	7o. BIRTHPLACE (Stote or f country)  Baltime	ore, U.	OF WHAT COUNTRY?	B. MARRIED X NEVER MARRIED WIDOWED D VORCED	_			Md.
f	Towson		Dulaneyss)Tow	son Nursing Hone		Kind of work done (e-even if retired)	126 KIND OF BL INDUSTRY	ISINESS OR
3	odmission) STATE Marylai	nd 135 COU	1.	Baltimore YES	X NO 231 I	ert and number Rogers Fo:	rge Road,	21.212
1		eonard Web	idle Lost	IS MOTHERS MAIDEN	NAME First	Middle		lost
	160. WAS DECEASED EVER Yes, no, quinknown)		16b. SOCIAL SECURITY	NO. 17. INFORMANT	son Nursing	Address Home, 1.	<del>-2120</del> ll West F	•
	18. CAUSE OF DEATH A	H (Enter only one couse NAS CAUSED BY IMMEDIATE CAUSE (0)	per one for (o) (b) and (o) (c)	"Cardiac of	Tailure		APPROXIMA BETWEEN ONSE	
	Conditions, if any, w	hich gove) ouse (o), (b	, OR AS A CONSEQUENCE O	Orferios	erosis			
	stoting the underlyi	(0						
	4500	FICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN	IN PART I(o)		
Z	190. DATE OF OPERATION		OR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY? YES		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CERT	TIFYING
	210 ACCIDENT WAS  OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH HOUR	Ph. 3.4	21c HOW INJURY OCCURRED	(Enter nature of injury	in Port For Port 2,	Item 18)	
	While Not while of work			ACTORY, 21f LOCATION Street or R	,	н Town	County	Stote
	22a. I certify the saw the de- causes state	at (!) ( <del>this hospital</del> ceased alive on ed abave, (!) (we) (	attended the decear 2 2 7 (did) (did not) view the	sed from 1966, and that in (my) (or bady after death	, 19 <u>64</u> , ta ur) opinion death o	curred on the d	1 <u>68</u> , that ( ate ond hour ar	l) ( <del>we) l</del> ast ad from the
		uce C	Tosh	DEGREE PHYS	MED DIRECTOR	STAFF 22c.	12/36/6	P
1	22d PHY9CIAN S NAME (Type)	Dr. Lauren	ice C. Post		ork Rd. Ba	ltimore.	Md,	
	23a. BURIAL, CREMAT ON, PEMOVAL (Specify)	23b DATE 12-30-6	8	cemetery or crematory Parkwood	Ba	(City or Town) <b>ltimore</b> ,		(Stote)
B	24 FUNERAL DIRECTOR Mitchell-Wi	edefeld Ho	me, Inc. 650	OMork Rd.	REC D BY REGISTRAR  AN 3 196	25b REGISTRAR	SIGNATURE CANADA	L



~ 1 \/	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17288
HEALTH DEPTS	1. D	ECEASED-NAME First Middle Lost 2a DATE KNOWN Manth	Day Year 2b. HOUR
		Abe of Fair	
Pog 3 t	3 5		17 19 687:35p
ny delay 2, and 3 PM3. Pog partnen		lost britiday) MoNTHS DAYS HOURS MINL Month Day	Yeor
any delay is 2, and 3 ta PM3. Page	7o. '	Female   White   Aug. 17, 1932   36 YRS   December  BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   7 COUNTY OF DEATH	17 168 7:35M
J. E. J. S. D. S.		Maryland U.S.A. WIDOWED DIVORCED Balto.	Md
oge oge th fa		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (I not in hospital 120, USUAL OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR
s after death only a 18. Give Pages 1, 2, a death the State Depart death		g ve street oddress)  St. Toseph Hospital  during most of work ng life, even if refired.)  Secretary	INDUSTRY
fter Giv ang ith 1	13a	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 W de d	0	dmission) STATE 13b. COUNTY Timonium YES NO 220 Cinder	Rd
The Adult The Adult Strange of	]4. F	ATHER'S NAME First Middle Losi IS MOTHER'S MAIDEN NAME First Middle	Last
		Alfred Carl Miller Frances Madelin	e Hardy
This certificate shauld be executed within 21 haurs after death licate, writing the ward "pendiby" in pencil of them 18. Give Page be forwarded to the Chief Medical Examiners Office along with the used as a burial-transit permit. File pages tand 2 with the Stand removal, and in any event within 72 haurs after death		WAS DECEASED EVER IN U.S. ARMED FORCES?  San a or Junking Win)  (If yes give wor or dates of service)  ADDRESS  Mr Carl J Weinberger 9404 Avond.	ale Rd
d writing per Excitation 72 in 72			APPROX MATE INTERVAL
uted g" i ical mit.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
xer ndih hed hed per		8/2 / IMMEDIATE CAUSE (a) Injuries  Due to, or as a consequence of	
te shauld be executed wit the ward "pending" in pe d ta the Chief Medical Exar a burial-transit permit. File ind in any event within 72		Conditions, if any, which gave	
Id the Charter		rise to immediate cause (a), (b)	
thau the the urial		lost.	
the state of the s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate ficate, writing the be forwarded to do be used as a bar remaval, and	×	1164	
verit wrii wrii used used	CATIC	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his offer e for rer	MEDICAL CERTIFICATION		YES NO
O DEPUTY DICAL EXAMINER: This certificate shauld be executed within necessary, please execute the certificate, writing the ward "pending" in pencithe funeral director. Page 4 shauld be forwarded to the Chief Medical Examing 5 may be retained for your files.  O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File page 1 Health prior to burial, cremation, or removal, and in any event within 72 has		216 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, ft HOURAN X 10 17 CB	
		CAUSE OF DEATH 0:50M 12 1/9 68 Subject passenger in auto-auto	
the 4 s 4 s ur f ur f emc	- C	factory office hulding etc.)	
cute cute age rryo rryo r. Pog			Balto. Md.
ry, please execute the real director. Page 4 be retained far your RAL DIRECTOR: Page prior to burial, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection , Inquiry	
DIC ISSE - ecto inec REC O bi		death resulted fram: Natural causes . Accident XX, Suicide ., Hamicide ., Undetermined manner	U
JTY blease ray please eral directa be retained RAL DIRECTA PRIORECTA PRIOREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER SIGNATURE ASS START MEDICAL EXAMINER 226 DATE	CIGNED
UTY, Iny, leeral be Pri		DEDUTY MEDICAL CYAMBAGE	12/18/68
o DEPUTY DICA! necessary, please ex the funeral director. 5 may be retained f 0 FUNERAL DIRECTO Health prior to buri		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	22/10/00
To The	230	BURIA., CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
		Burial 12/21/68m Dulaney Valley Baltimore, Mary	land
		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGIST	S GENTURE
VR A15ME (5) 10M REV. 1/68		eenard J Ruck Inc. Baltimore, Maryland	0



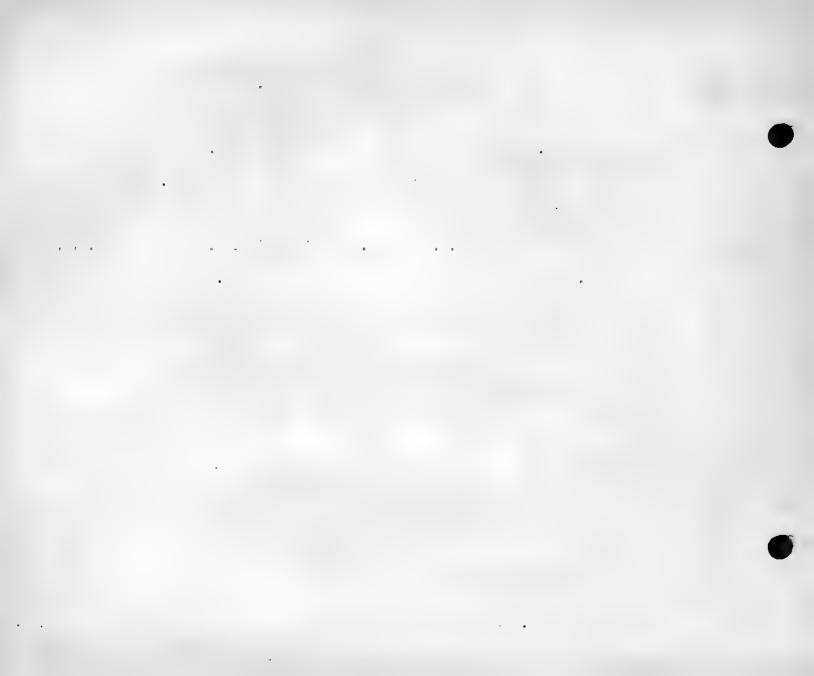
# 2 1 13 . \* \* \*

saw the deceased alive an local saw the deceased alive and that in (my) (my) apinion death occurred on the date and hour and from the causes stated above, (1) (me) (did) (did not) view the bady after death	, 1-	1			10 STATE DEPARTMENT OF		
ANALYS AND	photo of	1	17279			IIMORE, MARTLAND 21201	17290
The part of the pa		. ~.	I DECEASED NAME First				
3. SEX    A RACE   W   S. DATE OF BIRTH   S. ACE (In years   10-29-1902   10-29-190		ath and	PT			Docombox 6 Day	1068 M
F W 10-29-1902   tost biglidding was seeded and the		une 1 o o				6. AGE flo years	
To. BIRTHPLACE (Stote or foreign country) Virginia  To. OUNTY of DEATH    In MARK OF HOSPITAL OR INSTITUTION (Hand in hespetal during most of working pile, even if retired)   126 JUNE OF TOWN OF DEATH    In MARK OF HOSPITAL OR INSTITUTION (Hand in hespetal during most of working pile, even if retired)   126 JUNE OF TOWN OF DEATH    Baltimore   130 USUAR RESIDENCE (Where deceased lived, or mutution residence before s)   130 USUAR RESIDENCE (Where deceased lived, or mutution residence before s)   136 JUNE OF TOWN OF DEATH    Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN OF DEATH   Baltimore   136 JUNE OF TOWN		offe affe				last birthday)	
S. A.   MIDOMED   DIVORCED   Baltimore   M.   MODING   DIVORCED   Baltimore   M.   MODING   DIVORCED   Baltimore   M.   MODING   DIVORCED   Baltimore   M.   MODING   DIVORCED   DIVORCED   MODING   DIVORCED   DIVORC		y the Page			1.		
10   10   10   10   10   10   10   10		hou hou si hou s	country				
Baltimore    36 Warwick Road 21229   The properties of the propert		dope dope		U. D. A.			
The internal content of the content		(春年)		give street address)	O T O O O during n	jost of working life, even if retired.)	
The commission of the control of the		T See W		/30 WATW1C			
Description of the property of		8 5 O K	odmission) SIATE	13L COUNTY	Baltimore YES		Road 21220
Eugene Greenstreat    Margaret Slaughter   Margaret Slaughter		xect nov ny e			IS MOTHER'S MAIDEN NAME		
The continue is to immediate couse (a). Stoling the underlying couse (b). Stoling the underlying couse (c). Stoling the underlying couse (d).		and rer					****
Yes, no, or unknown)  (If yes give war a doller of service)  220-07-1485  Joseph S. Wernig, Jr. 736 Warwick Rd. 21229    18. CAUSE OF DEATH (Enfer only one course per line for (a), (b), grd (d)   18. CAUSE OF DEATH (Enfer only one course per line for (a), (b), grd (d)   19. Conditions, if any, which gove his to immediate course (a), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (a), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (a), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (a), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (a), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (b), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (b), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (b), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (c), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (c), stolling the underlying course liast.    19. Conditions, if any, which gove his to immediate course (c), stolling the underlying course liast.    19. Conditions of the terminal disease of conditio		re b ion iose indi					
18. CAUSE OF DEATH (Enter only one touse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove itse to immediate couse (a), stoling the underlying couse last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CAUSE (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CAUSE (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CAUSE (a)  PART 2 OTH		ficol ysic ple ple ol, o	Yes, no, or unknown) (11 yes give wi	ar or dates of service)	1/85 Tosenh S Werr	io Ir 736 Warwi	ck Rd 21220
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a).  Storing the underlying cause (b).  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 3 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 4 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 5 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 6 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 7 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 8 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 9 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?  PART 1 DEATH WAS CAUSED BY:  (c)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITION SCONTEINING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OT		ph hen nove				)	APPROXIMATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stoling the underlying cause list.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  PART 2 OTHER SIGNIFICANT CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION GIVEN I		ding ding t. T	PART I. DEATH WAS CAUSED	BY: 2/1/4 /	Taspeter 1	MYCLIANONA	12766
Conditions, if any, which gave fise to immediate cause (a), stoting the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)		dea Iten Iten I, of	1971 IMMEDIA		Carlo C	200 100 10 11	1
inse to immediate cause (a), stoting the underlying couse (b).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL		the a e a	Conditions, if any, which gave )	DUE TO, OK AS A CONSEQUENCE OF			
storing the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  190. DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED  191. THE OF INJURY OCCURRED 100 CAUSES OF DEATH 2  210. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, FARM, SIRRET FACTORY.) 216. LOCATION Street or R.F.D. No (if yor Town Country States of the property of th		to the first of th	rise to immediate cause (a), (	(b) AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING  19 OR CONTRIBUTING TO LANGE DEPOSITE HOURS AND NUMBER OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)  19 OR CONTRIBUTING TO LANGE DEPOSITE HOURS AND SIREST FACTORY.) 21f. LOCATION Street or R.F.D. No.  City or Town.  County State  22a. I certify that (1) (this haspital) attended the deceased from the date and hour and from the causes stated above, (1) (we) (did) (dud not) view the body after death		d by Ltro		(c)			
19a. Date of Operation 19b. condition for which operation was performed? 20a autopsy? 20b. If yes, were findings considered in certifying causes of death? 21b. Time of injury in Part 1 or Part 2, Item 18)  19a. Date of Operation 19b. condition for which operation was performed? Yes no causes of death? 21b. Time of injury in Part 1 or Part 2, Item 18)  21a. Accident was underlying 1 lause or psin Houra AM Month Day (equipment) 19 pm. 19  21d. Injury occurred 19 pm. 19  21d. Injury occurred 21e. Place of Injury (AT Home, Farm, Sirett Factors) 21f. Location Street or R.F.D. No city or Town County State of work 22a. I certify that (1) (this haspital) attended the deceased from 19 pm. and that in (my) (expression of the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death		uire hysi gne Jrio Jrio	l 1—	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(g)	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20c. AUTOPSY?  YES NO CAUSES OF DEATH2  21c. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  OCCURRED (If either, notify medical examine) P. M.  19		req g p s r o bi	. /				The state of the s
AND THE PROPERTY WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B)  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (AT HOME, FARM, SIREET FACTORY.) 21f. LOCATION Street or R.F.D. No (ity or Town County State of work of work of work of work of work of work) 22a. I certify that (1) (this haspital) attended the deceased from the causes stated above, (1) (we) (did) (dud-not) view the body after death		aw ndin bee th ort	190, DATE OF OPERATION 196,	ONDITION FOR WHICH OPERATION WAS P	ERFORMED! 20a AUTOPSY?	20b. IF YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLYING 21b. Time of INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  21a. ACCIDENT WAS UNDERLYING 19 21c. NOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  21a. Injury occurred on the date of Injury (At Home, FARM, SIRRET FACTORY.) 21b. Time of Injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21c. HOW INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item 18)  21d. INJURY OCCURRED (It enter nature of injury in Part 1 or Part 2, Item		the last	E 100/21/1980	1 Crownerk zu	Odlah . 5 YES NO'S	A PAUSES OF DESTING	
The property of the property o		or o	2To. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	2 -2 // N		Item 18.)
The elite is a state of the page of the pa		fro fro fre fre	S OR CONTRIBUTING CAUSE OF DEAT	HOUR AM Month Duy Yeu			
While Not while of work  22a. I certify that (I) (this haspital) attended the deceased from the deceased alive an income of the deceased alive and the deceased from the causes stated above, (I) (we) (did) (did not) view the body after death		rspi aspi cert hed ot. o		PLACE OF INJURY ( AT HOME, FARM, STREET F	ACTORY,] 21f. LOCATION Street or R.F.D. N	o City or Town	County State
22a. I certify that (I) (this haspital) attended the deceased from the deceased alive an equipment of the deceased alive and the deceased from the deceased alive and the deceased alive and the deceased alive and the deceased from the deceased alive and the deceased alive and the deceased alive and the deceased alive and the deceased from the deceased alive and the deceased alive ali		PHY his ptac Dep	White em Net white em	OSSIGN BORDING, ENC		0	
saw the deceased alive an live of the late and have and from the causes stated above, (1) (we) (did) (did not) yiew the body after death		NG the er the deep date	00 1 116 1 4 (0 (4)	s haspital) attended the decea	sed trend COCI 3 NO	0 to 10006 19	that (I) (19) last
causes stated aboye, (1) (we) (did) (did not) yiew the bady after death		Aff Aff	saw the deceased a	ive on ECLC	1962, and that in (my) (467) a	pinian death occurred on the d	ate and havr and fram the
	-	Sine H		r, (1) (we) (did) (did not) view the	bady atter death	1 00	OATE CIOUSO
22b SIGNATURE  22b SIGNATURE  ATTENDING  ATTENDING  ATTENDING  PHYS  DIRECTOR D STAFF  PHYS  O ATTENDING  ATTENDING  ATTENDING  PHYS  O ATTENDING  ATTENDING  ATTENDING  PHYS  O ATTENDING  ATTENDING  PHYS  O ATTENDING  AT		Per retraining Straining William	22b. SIGNATURE	· 1000	ALL ATTENDING	MED STAFF	DATE SIGNED
22d PHYSICIAN'S 22e ADDRESS 22e ADDRESS		ed & Be	00	ary fax		DIRECTOR L PHYS L	2-6 00
Z2d PHYSICIAN'S NAME (Type) Ph		ITAI ITAI ITAI ITAI	ALABAT CY	-1 T Dese	4001 Will	kens Avenue, Balt	o 21229
22d PHYSICIAN'S NAME (Type)  Earl T. Pass  22d PHYSICIAN'S NAME (Type)  Earl T. Pass  23c NAME OF CEMETERY OR CREMATORY  BUTT Stuff)  12-9-68  Lorraine Park Mansoleum  23d. JOCAT ON (City or Town)  (County) (Stote)  BUTT Stuff)  BUTT Stuff)  BUTT Stuff)  BUTT Stuff)  BUTT Stuff)  12-9-68  Lorraine Park Mansoleum		NE 4 1			CEMETERY OF CREMATORY	23d OCAT ON (City or Town)	(County) (State)
236 Burial, (REMAT ON, 123b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. JOIAT ON (Gity or lown) (Gounty) (Sinte) 23d. JOIAT ON (Gity or lown) (Gounty) (Go		Africe Short					
ADDRESS 1250, RECID BY REGISTRAR 1 25b, REGISTRAR 3 SIGNATURE		- A	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S 25g. REC'D	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE
VRAIS (1) 17 17 17 17 (107 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4		VR A15 (4) 30M REV 1 (48)	Howard H. Hubbar	d, 4107 Wilkens A	ve. 21229 DATDE	09 1968 Aclia	Man Judge

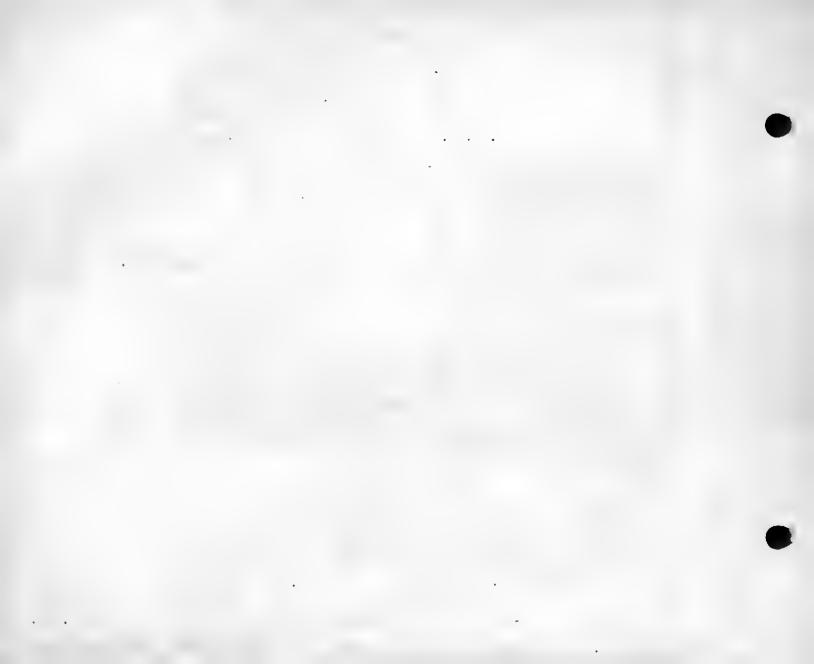




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17292 CERTIFICATE OF DEATH certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY Baltimore Baltimore MARYLAND b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Pikesville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give affect address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 19 Walker Ave. 19 Walker Ave. NO X 3 NAME OF carban Middle First Lost 4. DATE Month Dov Year DECEASED Pearl (Type of print) Bowersox Whalev DEATH Dec. 23. 1968 SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE ( n years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Days Hours Female WIDOWED X White DIVORCED June 2.1885 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Secretary COUNTRY? Wm.J.Foley.Co. Pikesville Md. U.S.A 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remayal, John E. Bowersox Fannie R. Myerly IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO INFORMANT Address requires that the death (Yes, no, ar unknown) (If yes give war or dates of service) No None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO SCLEBOTK HEART DISGAT Canditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause has been ihe PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? FICATE NO F YES F certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour form. factory, street, affire bldg., etc.) Not While at wark at wark 2). I certify that (I) (this-haspitel) attended the deceased from 9-30 1960 10 12-23, 19 62, that (1) (me) last 1968, and that death accurred at 2:00 M, from causes and on the date stoted obove. TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATORE DATE SIGNED STAFF PHYS director, page 3 should be filed v DIRECTOR PHYS PHYSICIAN'S 22d ADDIESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230. BUR AL CREMATION. 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Dec.26.1968 Druid Ridge Cemetery y Pikesville 250 REC'D BY REGISTRAR 25b. R Baltimore .Md 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



1 1		1358		DIVISION	OF VIT				ENT OF HEA EET, BALTIMO		RYLAND 21201		
_/	Item	ıl FilmG						CATE OF I				172	93
death. and 2 and 2 death.	I. DECEASE (Type o	D-NAME r print) Toseph	First <b>Joh</b> m	,		Middle A	Wieb	last e <b>r</b>		20. DATE OF Deceml	Month Bo	<sup>2y</sup> 1968	2b. HOUR
after death Te funeral ges 1 and 2	3. SEX	M		4. RACE	W			S. DATE OF BIR 1+14-	RTH		6. AGE (in years last birthday) O YRS.	MONTHS DA	
2 hours	country)	PLACE (State or fo		7b. CITIZEN (			8. MARRIED WIDOWED	☐ NEVER MARE	RIED 9. C	COUNTY OF			Md.
within a file file ban pape, within 7,	10. CITY O	Marylan R TOWN OF DEAT Onsvill	TH		S. 11. NAME ( give street Shan	of HOSPITAL OR I	NSTITUTION (If	not in hospital	12g, USUAL O	CCUPATION	(Kind of work done life, even if retired.)	12b, KIND	OF BUSINESS OR
cuyd w Dmptetel ive carb	13n LIS. (A)	RESIDENCE (Who STATE Maryla	ere dereose	d lived, if in	istitution, l	Residence befor	B 13c CITY O	ott Cty	YES NO	7 13e ST	reet and number Durham Ro		.043
be execut	14. FATHER	S NAME FI Jo	seph	Wiebe	er	Lost		s. MOTHER'S MAI Henr	IDEN NAME First	_	Middle		Lost
rificate ohysicia n pleas val, and	16a WAS Yes, no	DECEASED EVER I or unknown)	N u S ARMI (II yes give wo	FD FORCES? r ar dates af servi	(a)	SOCIAL SECURIT					CityAddress 2 Durham Rd.	l	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 years death.  Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death.		CAUSE OF DEATH PART I. DEATH V	K (Enter only VAS CAUSED IMMEDIAT	re cause (a)		HROI	HC H	RREST		·		BETWEI	Oximate interval in onset and death
hat the no. n. ny the at ansit per	Cand rise 1	litions, if any, what a immediate co	ouse (a), (	(b)	1	CONSEQUENCE (	- (ho	COMON	NA F	3 non	oc41-415 -		D - O YR.
equires t physicia signed t burial-tr burial, ci	last	7 A A I	FICANT CON	(c) Ditions <u>con</u>	TRIBUTING	TO DEATH BUT	NOT RELATED		. DISEASE OR COND	DITION GIVE	N IN PART I(o)	1 1	
e law re tending as been as the priar ta	19a.1	DATE OF OPERATION				PERATION WAS		20o. AUTOF	PSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
CIAN: Thitial or a difficate har use far use fere the alth	ਤ □ ਾ	ACCIDENT WAS	CAUSE OF DEATH	HOUR	ME OF INJ A.M. M P.M.	URY onth Day Ye	OF	Stanut		iture of inju	ry in Part 1 or Part 2	, Item 18.)	
PHYSIC This cert etached Dept. a	≥ 21d. Whil	ther, notify med INJURY OCCURRI e Not while irk at work	EÐ 21e.	PLACE OF INJ	URY (AT H			OCATION Street			or Town	Caunty	State
SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital or attending physician.  **IEMAL DIRECTOR: After this certificate has been signed by tar, page 3 shauld be detached far use as the burial-trarild be filed with the State Dept. af Health priar ta burial, cre-	22a	. I certify the saw the dec couses state	at (I) (thi	s haspital) ive on (1) (we)(	did) (did	the deced nat) view th	ised from 19 <i>65</i> , or e bady after	od that in (my death.	, 19 <i>6</i> 7 y) (our) opinio	n deoth	occurred on the c	9 <u>08</u> , th dote ond ho	nat (i) (we) last ur ond from the
OR ATT OR ATT be retail DIRECTO Je 3 sha		SIGNATURE	140	well			DEG	REE PHYS.	☐ DIREC	ctor 🗆	STAFF DHYS. D	. DATE SIGNED	
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 , shauld be filed w		PHYSICIAN'S NAME (Type)			. Tho				. St. Jo				AP.
Page of Fun	230 BUR REM	IAL, CREMATION, OVAL (Specify) SUCLA	23b, D	28-68		Loud	of CEMETERY OF On Park	Cemete	ry	Balti	ON (Gity or Town)  more City	(County) Balto	(Stote)
VR ATSTALL 30M REV. 188	24. FUNE	RAL DIRECTOR				ADDRE	55		DATE DEC	EGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	nege





- 1	17295		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
l	71.030		ERTIFICATE OF DEATH	1	7296
1.	DECEASED NAME First (Type or print) Gladys	Midd e Sarah	lost Wilhelm	2a. DATE OF DEATH  12/ Manth 31 Day	68 Year 4: 10 a
3.	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	F UNDER 1 YEAR OF UNDER 24 HRS
	Female  a. BIRTHPLACE (Store or foreign punitry)  Maryland	Cau 75 CITYZEN OF WHAT COUNTRY?  USA	MAKKICO MEYEK MAKKIEO	9. COUNTY OF DEATH	
10	). CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	durina ma	Baltimore  at OCCUPATION (Kind of work dane ast of working life, even if retired)  sewife	125 KIND OF BUSINESS OR INDUSTRY Home
13 ad	Towson  a USUAL RESIDENCE (Where decease Imissian) STATE Maryland	d lived, if institution. Residence before	13c CITY, OR TOWN 13d INSIDE CITY LIE		Box 113
14	FATHER'S NAME First Harvey Henry	Meddle Last	15. MOTHER'S MAIDEN NAME F	rst Hunt Middle	Last
16	6a. WAS DECEASED EVER IN U.S. ARME Yes (16 yr give wa	D FORCES? 16b SOCIAL SECURITY I	17 INFORMANT Family records	Address	ν.,
	PART 1. DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gave itse to immediate cause (a), stating the underlying cause last.	DUE 10, OR AS A CONSEQUENCE OF  (b)  DUE 10, OR AS A CONSEQUENCE OF  (c)	myocardial infa	rction	BETWEEN ONSET AND DEATH
CEDTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?  YES X NO	205 IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING YES
MEDICAL CES	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Manth Day Year P.M 19		nature af injury in Part 1 ar Part 2,	•
7	While Not while at wark 22a. I certify that (I) (this saw the deceased all causes stated abave,	PLACE OF INJURY (AT HOME, FARM, STREET, FAC office Bulloing FTC haspital) attended the decease ve an $\frac{12/31}{(l)}$ (l) (we) (did) (did nat) view the	od fram. 12/18 , 19 of 19.68, and that in (my)(our) appared after death.	68 , ta <u>12/31</u> , 19 nian death accurred an the da	te and havr and from th
	22b SIGNATURE  22d. PHYSICIAN S NAME (Type) Char:	les C. Brown, M.D.	22e ADDRESS	RECTOR D STAFF XD PHYS XD N. Charles Stree	12/31/68
L	3d. BURIA., CREMATION, REMOVAL (Specify)	r. 3,1969 Falls 8	cemetery or crematory coad (hapel (em.	236 LOCATION (City or Town) Butler, Marylan	
2	John Bur	no dono da	GWJON DATE JA	0.00 8	signature



MAKTLAND STATE DEPARTMENT OF HEALTH

بائري آن

	1	DIV	MAKTLAN ISION OF VITAL RECORDS,			II UF HEALI T RASTIMORI		
		17237			TE OF DI		L, MARTLAND 11201	17298
= = = = = = = = = = = = = = = = = = = =		ECEASED NAME First Type or print)	Middle		Last	2o. I	DATE OF DEATH	26 НОЦВ
dea		ropert			William		Marth 1	1 1968 1228 m
the feet and the second	3 5		RACE	5	DATE OF BIRTH		6 AGE (in years last birthday)	MONTHS DAYS HOURS MIN
A A A A A A A A A A A A A A A A A A A	ч -		hite		8-21-1		67/RS	
had had	COL	ntry)	J.S.A.		NEVER MARRIE	21 1 (	NTY OF DEATH	
n 24 tled oappr		Orth Carolina	11 NAME OF HOSPITAL OR INS	WiDOWED			ltimore, PATION (Kind of work done	Md 126 KIND OF BUSINESS OR
within 24 haurs after death ely fieled in by the funeral ban papers. Pages I and i within 72 hours after death		rowson	give street oddrass)	Hospit	al	Processe	wand outlead	U.S. Governmen
plets cark	130	USUAL RESIDENCE (Where deceased live	ed, if institution: Residence before	13c CITY OR TO	OWN 13d	INSIDE CITY LIM TS?	13e STREET AND NUMBER	
cample nave cany event			Baltimore	Baltin	1020	S NO 18	617 Piccadil	lly Rd.
be ex	14	FATHER S NAME From William E. Will	Middle Lost Lams	15 7	nothers made Rachel	N NAME First Eugenia	Middle Henry	East
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hasp tal or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fittled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after death.	160	WAS DECEASED EVER IN U.S. ARMED FO	RCES?   16b SOCIAL SECURITY N 213-10-902		ORMANT		Address liams 617 Pic	21204 cadilly Rd
rend political p		18. CAUSE OF DEATH (Enter only one	cause per line for (a), (b), and (c) )					APPPOX MATE INTERVAL BETWEEN ONSET AND DEATH
eath endir nnt. or re		PART I DEATH WAS CAUSED BY IMMEDIATE CAL	USF (a) Myocardial	infar	etion			ST OFFI COST AND DEATH
atte per jan,		4/2/	DUE TO, OR AS A CONSEQUENCE OF					
at the nsit mat		Canditians, if any, which gave ) rse to immediate cause (a) (	(b)				<u> </u>	
The law requires the attending physician. has been signed by se as the burial-tran the priar ta burial, cre.		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
turre shysi igne urra urra		PART 2 OTHER SIGNIFICANT CONDITION	(c) NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINA. DU	SEASE OR CONDITIO	IN GIVEN IN PART I(a)	
ret ng p en s en s tab	2	47					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The law attendin has been se as the priars	CERTIFICATION	196. DATE OF OPERATION 196. CONDIT	TION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY	}	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The ratte base of the principle of the p	RIFF				YES 🗌	NO 🔀	CAUSES OF DEATH?	
AN: al or al or for Hea		OR CONTRIBUTING TO CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW	INJURY OCCURR	ED (Enter nature	of injury in Part 1 or Part 2	, Item 18)
rsp t rentil	MEDICAL	( <u>f_either, natify medical exominer</u> )	PM 19	708Y 3 214 10/C4	TION Street or	ALD No	Character Toronto	C
UNG PHYSICIAN: by the hasp tal or fler this certificate be detached far u State Dept. af Heal		White Not while at work	OF INJURY ( AT HOME, FARM, STREET FACT OFFICE BUILDING ETC.				City of Town	County State
OR ATTENDING be retained by th JIRECTOR: After the 3 should be did ed 3 with the State		22a. I certify that (1) (this has saw the deceased alive a	spital) attended the decease	d from I	2/10/		to12/11/_, 1	9_58 , that (X (we) last
RENI Ined		causes stated abave, (i) (	(we) (did) (did nat) view the b	ady after de	aor in (my) ( oth.	aur) apinian a	eath accurred an the d	ate and havr and tram the
OR ATTENE be retained DIRECTOR: A je 3 shauld		22b SIGNATURE			ATTENDING	Mich	22c	DATE SIGNED
L OR be be DIR		) paine	t . M. 0	DEGREE	PHYS	MED DIRECTOR	STAFF Z 12	2/11/68
TO HOSPITAL Page 4 may lo FUNERAL E director, pag shauld be fill		22d PHYSICIAN S NAME (Type) Lorna G	audiel, M.D.		22e ADDRESS 7620	York Rd	., Towson, M	1.21204
HOS age 2 FUN FUN haud	23a	BUR AL CREMATION, 23b DATE	23c. NAME OF C				LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		FUNERAL DIRECTOR	.4-1968 Dulane	y Valle	y Memor	ial Co	ckeysville,	Maryland
VR A15						REC'D BY REGIS	TRAR 2Sb REG STRAR	



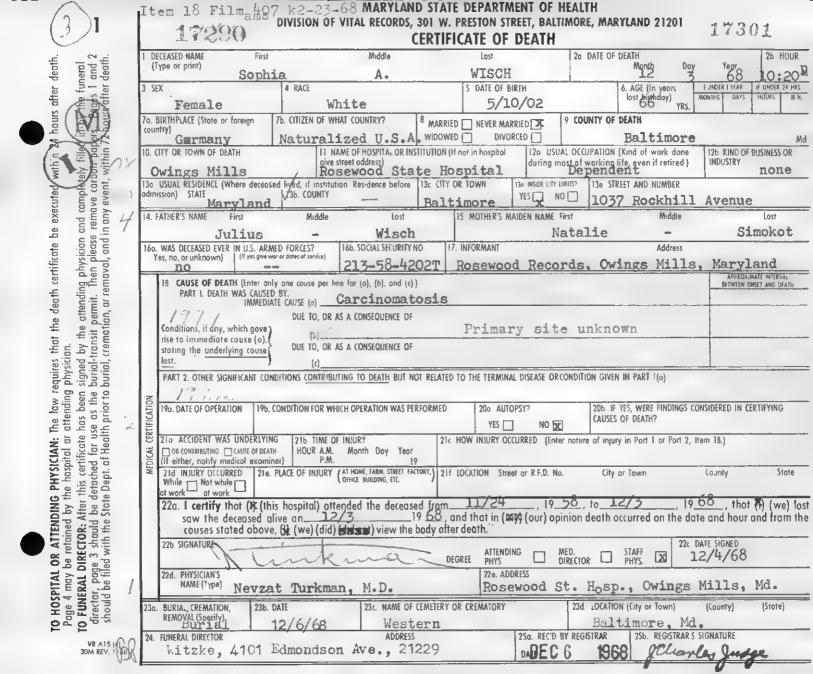
MARYLAND STATE DEPARTMENT OF HEALTH

. .

1

A.	MARYLAND STATE DEPARTMENT OF HEALTH										
ſ		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
FOR STATE		with the Head Called		MEDI	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH			
HEALTH DEPT.		PLACE OF DEATH					27472	Where deceased lived, if institution			
ay is 3 to Poge ant of		COUNTY T	owson		MAR	YLAND	o STATE Md.	b. COUNTY	-Towson /		
t any delay (1972, and 3 Po. PM3. Po. Department	ł	CITY OR TOWN (If out Twite RURA, and give	side corporate 1 mits,		C LENGTH OF STAY	IN ib	c CITY OR TOWN (If or	tside corporate limits, write RURA	ond give neprest town)		
PM3.					Life		Towson		C PECADAL C		
The sea	(	NAME OF HOSPITAL OF					d STREET ADDRESS		e S RESIDÊNCE ON A FARM?		
3			EPH'S HO		7			len Road	YES NO		
de San Page		NAME OF DECEASED	First	NNIE	Middle	7	WILSON	4 DATE Month OF DEATH DEC	24. 1968		
-/≥ • ·	5 5	Type ar pr nt)		7 MARRIED	□ NEVER MARR I		B. DATE OF BIRTH	DESCRIPTION OF THE PROPERTY OF	IF UNDER I YEAR IF JNDER 24 HRS		
0 8	Į.	iale N	egro	WIDOWED	DIVORCE		2-28-1968	last birthday)	Manths Days Maurs Min		
hours of them of the office of	100	HIST ALL OCCUPATION (G. J.	e Lind of work done		ND OF BUSINESS OR		11 BiRTHPLACE (Stote		12 CITIZEN OF WHAT		
fe s s	durn	ng mast af warking lile, e	ven it retired)	INI	DUSTRY		Baltimor	re, Maryland	COUNTRY?		
within 24 pencil in caminer's le pages hours affe		FATHER S NAME					14. MOTHER'S MAIDEN I	NAME			
Per Green			IE HOUST					NA WILSON			
executed v moding" in Medicol Ex t permit, Fif	15 (V.e.	WAS DECEASED EVER IN L na, ar unknown) (If ye	s give war or dates at	service)	OCIAL SECURITY NO.		NFORMANT	Address			
ld be executed rd "pending" rr Chief Medicol 1-rons t permit. 172	T				70-	_ I MJ	rs. Regina	a Wilson - 37			
be ey pen inef Minef Monsit ponsit pen w	П	18. CAUSE OF DEATH PART I DEATH W	AC CAHEED BY	/ , /	(b), and (c)	, for	0-110	P. 100 E - 10 - 11	INTERVAL BETWEEN ONSET AND DEATH		
ould be e vord "per ne Chief I al-trons t		746.2	IMMEDIATE CAUSE TO		Many/U	July 2	a fiftee	Sh	- reprine		
shoul he wor to the bur al-		Canditions, if any, while	th gave )	10	16-980	11/1	Mean	1. Dlxila	-0		
te s the the d to		rise to immediate caustaing the underlying			11	)	LE.	10-1-	to Mono		
if to ting rdec as ond		ast	) (	1/6	nerli	Ty	37/02-61	11-			
Th's certificate, written for farwar.  be used in removal, commonly farwar.	8	PART   OTHER SIGNIFICATION	CANT CONDITIONS CO	NTR BUT NG T	O DEATH BUT NOT RE	NUES TO	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?		
retificate, ould be fares.  es.  fares fares.  fares fares.  fares fares.  fares fares.	CERT FICATION	20a EXTERNAL CAUSE V		I ac Diff	200 070141 141014			D . 1 D . 1 / . 10)	YES NO		
	ERT F	PRIMARY I or CONTRIB		205 013	PCK BE HOW INCORY I	JCCOKRED (	tenter nature at appry in	Part I ar Part I af tem 18)			
EXAMINER: ute the certificate of should a your files. Your files. Page 3 should cremation, or		20c. TIME OF NJURY I	Month Day Year	20d N	JURY OCCURRED	20e PLA(	TE OF NJURY (Mame, farm	1. 20f (City or town)	(Cauniy) (State)		
<b>2</b> + 4 + 9 = 5	MEDICAL	Haur a.m.	19	While of wark	Mat While		ary, street, affice bldg , etc )		and the same of th		
AL EXAM rr Poge 4 I for your rOR: Page						bove, he	ld on Autopsy	Inspect on Inquir	y , and in my opinion		
. <b>a</b> x , <b>~ o</b> .e		death resulted			Accident		1 /	Undetermined mai	· · ·		
MEDICA please a director retained DIRECTOR or to buri		ACTUAL	1 1	<	7	-	CH EF MED CAL	EXAM NER			
2-2-5		SIGNATURE	IRCU	2/6	12 Du	ull	_/n v	(A. EXAM NER	22 DATE SIGNED		
DEPUTY RESSARY, Pe e funerol may be may be re FUNERAL		EXAMINER'S NAME (Type)					DEPUTY MEDICA  Address (Street	t, city, town, or county)	(7) 24/10		
	23a	BURIAL CREMATION,	23b DATE THER	EOF	23c NAME OF CEM	METERY OR (		23d. LOCATION (City or Town	(Caunty) (State)		
5 = = 2 E = 1		PEMOVAL (Specify)	12-30		Balto			Baltimore	, , , , ,		
VR ATSME (S)	24	FUNERAL DIRECTOR			170 ADDRESS	34172	= NS 5/-250 RES	BY REGISTERAR COROSE REP	Chill Control		
6M 1/67	1	10 Rion &	Duett	F.H.	Ren	Y 0	D 1. 9 / DATE	Fra K who	0 4		







D	1	1			ORDS, 301 W. PRESTON ST			
			17291	BITTOTO WE STITLE INCOME	CERTIFICATE OF	·		7302
- الصحيد	deoth.		(Type or print) G =	TEPGE C	دی	LF	TE OF DEATH  Month Doy 1 2 1 3	Year 26. HOUR 105 PM
	atter atter	3.	SEX To	4 RACE	S DATE OF E		last birthdoy) MC	UNDER I YEAR IS JINDER 24 HRS
	by the	7	Male  BIRTHPLACE (Stote or foreign	White 75 citizen of what country?		1895	Y OF DEATH	
	in the sers.	C	Maryland	U.S.A.	8. MARRIED NEVER MA	KKIED [ ]	ltimore	Md.
	ed. within 24 hours	10	Catonsville	11 NAME OF HOSPITAL	LORINSTITUTION (If not in hasp to	120 USUAL OCCUPA	TION (Kind of work done king life, even if retired).	12b KIND OF BUSINESS OR
	complete ove corps	10		teased lived, if institution. Residence to	before 13c CITY OR TOWN  Landsdowne	13d INSIDE CITY LIM TS7 13	e STREET AND NUMBER 2409 Brunswic	
	ond co	1.	FATHERS NAME First Charles		Last IS MOTHER'S N	MAIDEN NAME First Frederica	Middle	Lost
4,	ificate tysicion please of, and	7	6a WAS DECEASED EVER IN L S /		CURITY NO 17. INFORMANT	tha W Morri	Address	
	TENDING PHYSICIAN: The low requires that the death certificate be executed, within 24 hours after death, ined by the hospital or attending physician.  OR: After this certificate has been signed by the ottending physician and completely filled in by the farmed ould be detached for use as the burial-transit permit. Then please remove corpun papers. Pages, Fand if the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		PART I DEATH WAS CAU	DUE TO, OR AS A CONSEQUENT  (b)  DUE TO, OR AS A CONSEQUENT  DUE TO, OR AS A CONSEQUEN	see of LioCespres	protele	with	APPROXIMATE INTERVA.  OCTIVETH OMSET AND DEATH
	The low requires tho or attending physician. has been signed by use as the burial-transith prior to burial, cres	X	PART 2 OTHER SIGNIFICANT (	(c)  CONDITIONS CONTRIBUTING TO DEATH  9b. CONDITION FOR WHICH OPERATION V	·	OPSY? 20	GIVEN IN PART I(o)  Ob. IF YES, WERE FINDINGS CONS AUSES OF DEATH?	SIDERED IN CERTIFYING
	YSICIAN: ospitol or certificate hed for u		OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. Month Day		·	f injury in Part 1 or Part 2, Her	n 18) Caunty State
	OR AI be reta DIRECTO		While at wark 220. I certify that (I) ( saw the deceased couses stated about 22b SIGNATURE)	(this hospital), attended the destalling alive on 2 (alive on ave, (l) (we) (did) (did not) view	leceosed from 2 / 6 19 cs, and that in (n w the body ofter death.  ATTEND PHYS 22e. AD 22e. AD	, 19 GB, to my) (our) opinion dec	ath accurred on the date	ond hour and from the
	Poge 4 may To FUNERAL director, page should be figured.	2			MME OF CEMETERY OR CREMATORY CWOOD			(Caunty) (State)
	VR A15 (4) 8	2		uck Inc Baltimore		25a. REC'D BY REGISTR.		GNATURE

33. A in the Gard. (1

		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	48926
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17303
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D Type or Print)	ay Year 2h HOUR
ay is 3 ta Page		EVE VYOLFF DEATH MATED 72	7 19 AM
delay and 3 and 3	3 5	"- lost birthday) MONTHS DAYS MOURS Min Month Day	Year 2d HOUR
<b>2.4人</b> ()	7^		1968 A M
	can	BIRTHPLACE (Stoje or foreign 75 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARR ED   9. COUNTY OF DEATH WIDOWED DIVORCED   9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED   9. COUNTY OF DEATH WIDOWED DIVORCED DIV	ore m
oges oges th for	10	CITY OR TOWN OF DEATH # 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital   120 USUAL OCCUPATION (Kind of work done   12	EL KIND OF BUSINESS OR
dec Put with	L	Diperville give street address) milford mill Rd. dur ng most of working life, even if retired) IN	Houstry Home
18 of the state of		USUAL RES DENCE (Where deceased lived, if instiful an Residence before 13c CITY OR TOWN 1.3d NSIDE CITY LIMITS? 13e STREET AND NUMBER 13th COUNTY BALLS. Pibusville TYES NO 12 42 L million	milled.
hay Office of the office of th	14,	FATHER'S NAME First Middle Ellenberg. IS MOTHER'S MAIDEN NAME First Middle	last.
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Ves. na, or unknown) (If yes give were or doines of service) 099-01-7188 Julius Welf 67.38 ADDRESS GENERAL SECURITY NO 17 INFORMANT OF SECURITY NO 18 Julius Welf 67.38 ADDRESS GENERAL SECURITY NO 19 INFORMANT OF SECURITY OF SECURITY NO 19 INFORMANT OF SECURITY NO 19 INF	to Pd.
		3B CAUSE OF DEATH (Enter an young couse per line for (a) (b) and (c))	APPROX MATE INTERVAL BETWEEN OHSET AND OFATH
d be executed and "pending" in Chief Medical Extraors permit Figures y event within		PART DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) arteriosleratio 6-V. Disease	Inr.
조절호 요ㅎ		4127 DUE TO, OR AS A CONSEQUENCE OF	9
be "pt		Canditions, if only, which gove a rise to immediate cause (a). (b)	
should be exing the child be exing the Chief Me build-transit print only event		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
2 > = = = =		lost. (c)	
0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th rwarded t ssed as a l	=0	4 mone	
O . P . D E .		196 COND TION FOR WHICH OPERATION WAS PERFORMED? abdominal adhesions	20 AJTOPSY?
be e	CERTIFICAT	1 The 68 working which we	YES NO
NER: The certifical hauld be lies shauld to then then or then or		210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year PRANKY OF CONTRIBUTING HOURA M 12 Part 2, Item CAUSE OF CONTRIBUTING DAY.	ı IR)
INE share files 3 share	■EDICAL	TIGHT INJURY OCCURRED 21e P. ACF OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. (thur Town	County State
EXAMINER: ute the certi age 4 shauld your files Page 3 shau , cremation,		WHILE AT WORK	,
Cecture Page Page Page Page Page Page Page Pag		22a   certify that   taak charge of the remains described above, held on   Autopsy  ,   Inspection   🔀 ,   Inquiry   🛣 ,	and in my apınıan
bical in lease exect director Postained far DIRECTOR: r ta burial, r ta burial,		death resulted fram. Natural causes 🕱 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [	
please directive directive place DIREC		CHIEF MED CAL EXAMINER	
·		SIGNATURE MD ASS STANT MED CAL EXAMINER 226 DATE SI	
o DEPUTY necessary, F the funeral 5 may be n 0 FUNERAL Health price		EXAMINER'S D.D. CAPLES M.D DEPUTY MEDICAL EXAMINER ADDRESS (Sireet city, town, or county)	-7-28
necessa the fun 5 may 10 FUNE Health	230		Caunty) (State)
F E		REMOVAL (Specify) 12/4/68 New 40RK	N. 4.
	24	FUNERAL D RECTOR 250 REC'D BY REG-STRAR 256 REGISTRAR'S SIT	GNATURE /
VR A15ME (5) 10M REV 1/68	16	Um. J. Itchnee & Son Balle. MoDEC 10 1968 Peliarle	in Judge

MAKYLAND STATE DEPAKTMENT OF HEALTH



	1	1 (4) (4) (5) (6)	MARYL IVISION OF VITAL RECOR		DEPARTMENT OF		VIAND 21201		
	Σte	eml3 FilmGlo8 1/			ATE OF DEATH	IIMOKE, MAI	TLAND ZIZUI	173	202
		ECEASED-NAME First	Middle	GEICHII I	last	2a. DATE OF	DEATH		2b. HOUR
	[]	(Ype or print) HENRY	NMN	WOO	DMAN	12	Month 23 Day	68 <sup>Year</sup>	6:55
	3. SE	x male	4 RACE White		5. DATE OF BIRTH April 30.	1897	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7a. E	BIRTHPLACE (State or foreign 78	b. CITIZEN OF WHAT COUNTRY?	8. MADDIED	NEVER MARRIED	9. COUNTY OF			
	Mo	ntry)	a. U.S.A.	WIDOWED		Bal	timore		M
4	10. C	Towson	11 NAME OF HOSPITAL Of cive street address) Gr. Balto.	R INSTITUTION (If	eat in hospital 12a USU	IAL OCCUPATION	(Kind of wark dane life, even if retired) Teacher	12b KIND OF I	BUSINESS OR ation
	13a.	USUAL RESIDENCE (Where deceased	lived, if institution. Residence bei	fare 13c CITY OF	LIONN 139 INSUE CITA	UNITS? 13e. STI	reet and number 1	Bauc 30	ation
+	odmi	ossian) STATE Md.	13/2 COUNTY				27 Woods		d
+	14. [	FATHER S NAME First	Middle La		S. MOTHER'S MAIDEN NAME		Middle	spires had	Last
		Isaac	Woodma			Mathil		BL	aker
	Y	WAS DECEASED EVER IN U.S. ARMED 'es, na, or unknown) (II yes give wer o			nformani rs.Marjori	e B. W	Address oodman	(Same	
		IB. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ane couse per line far (a), (b), and	(c).)					NATE INTERVAL NSET AND DEATH
		PAKI I. DEATH WAS CAUSED B IMMEDIATE	CAUSE (a)		<del></del>				
		Canditians, If any, which gave )	DUE TO, OR AS A CONSEQUENCE CEREBRA	VASCUL	AR ACCIDEN	ጥ @ RE	SP.ARREST	n	
		rise ta ımmediate cause (o), (	(b) DUE TO, OR AS A CONSEQUENCE				3- 4-11(1000.		
		stating the underlying cause			ATION @ A	SHD			
		PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH B	JT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVE	IN PART I(a)		
	¥6	79.0							
	CERTIFICATION	19a DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WA	AS PERFORMED	20a. AUTOPSY?	A CALICES	YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	RTIFYING
	CERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c H	YES NO	-4	v in Part 1 or Part 2 I	tom IR\	
	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Manth Day 1	Year	ON HOURT OCCURACE (EIII	er natore at inju	y 111 T G1 T G1 T G1 Z, T	iem io.j	
		21d. INJURY OCCURRED   21e. PL	ACE OF INJURY (AT HOME, FARM, STRE	T, FACTORY, ) 21f. LO	OCATION Street or R.F.D. N	o. City	ar Tawn	County	State
		While Nat white at wark at wark	hambady are all table to	1	30 /10 100	O to 1	2 /22 10.	CO 11-4	//\ /\ 1
		22o. I certify that (1) (this- sow the deceased aliv causes stated above, (	$\frac{12}{23}$	eosed from 1 <u>68</u> , on	d that in (my) (our) or	pinion deoth o	ccurred on the do	68, more	(i) (wee) io
			l) (we) (did) (did not) view	the body ofter	deoth.				
		22b, SIGNATURE	A. 06.0	Q MD DEGI	REE PHYS.	MED. DIRECTOR	STAFF 22c. I	DATE SIGNED	0-
,	ш	22d. PHYSICIAN'S	Just and		22e. ADDRESS	DIRECTOR		123/6	
		NAME (Type) DR. BA	ARRY FRIEDLAN	DER MD	. 22e. ADDRESS 6701 ]	N.CHARI	LES ST.		
	<b>2</b> 3 a	BURIAL, CREMATION, REMOVAL (Specify)		OF CEMETERY OR			N (City or Town)	(County)	(State)
Q	C	Contract Discretion	23/68 Gre	enmount			imore.	CHRHATING M	d.
1		W.Jenkins & So Bal	ons Go. 4905	York F	d. DET	BY ZEGATRA 19	of the second	Car June	六
		TBC	Water Hille						



1		A 124 38 3 18	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
•		上十名沙理		CERTIFICATE OF DEATH		17305
ir death Funeral A and 2 er death.		YPE OF PROTE TOLIN	Middle	Wardword	2g DATE OF DEATH Month Do	Y YEAR 6 HOUR
	3. SE	MALE	4 RACE white	S DATE OF BIRTH	10.3	F UNDER 1 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN
4 hauri	7o E cour	BIRTHPLACE (Stote or foreign http) A. C.	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	Md.
e executed within 24 and campletely filled range carban pape n any event, within 7	0	atonsville 7	nd give-street podress}	State Hosh during	UAL OCCUPATION (Kind of work done mast of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
amplete carl	13o admi	USUAL RESIDENCE (Where deceos ssien) STATE Phary Law	ed Lyd, if institution Residence before		330 Museune	4.8
	14. 1	TATHER'S NAME First John	M ddle Last	IS MOTHERS MAIDEN NAME	First Middle	Lost
tificate hysiciai n pleas val, and		WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w	AED FORCES? 166. SOCIAL SECURITY 216-05-		Address	
requires that the death certificate be a physician. I signed by the attending physician a burial-transit permit. Then please be burial, crematian, ar remaval, and in		PART 1. DEATH WAS CAUSED IMMEDIA		mencurun		APPPÖXIMATE INTERVAL GETWEEN ONSET AND GEATH
at the c		485 X Conditions, if any, which gove nise to immediate cause (a),	(b) PUPPER RE  OUE TO, OR AS A CONSEQUENCE OF	sporting when	elin	Tays
equires that the physician. signed by the burial-transit burial, cremat		stating the underlying couse lost	(c)	NOT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(a)	
	TiON	Chronic &	CONDITION FOR WHICH OPERATION WAS P	association with	200 IF YES, WERE FINDINGS	considered in certifying
	CHIFICATION	21a ACCIDENT WAS UNDERLYIN	IG (215 TIME OF INJURY	YES NO	CAUSES OF DEATH?  Iter nature of injury in Port 1 or Port 2,	Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examil 21d. injury Occurred 21e.	ner) P.M.	r 19 ACTORY.) 21f LOCATION Street or R.F.D.		County State
C = 0						that (I) (we) last
		200007 070100 00070	dive an 72/27 e, (I) (we),(d.d) (did nat) yiew the	sed from		
L OR ATTENE be refained DIRECTOR: A ge 3 shauld		22b. SIGNATURE	Coffegodel. A	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	DATE SIGNED 12-28-68
TO HOSPITAL OR ATT Page 4 may be retain TO FUNERAL DIRECTO director, page 3 sha shauld be filed with	00	22d PHYSICIANS NAME (Type) MOHR		A Q E 11 220 ADDRESS CEMETERY OR CREMATORY	grow Stole Hon	(County) (State)
TO HO Poge direction	(	BUR AL, CREMATION, 23b   12   12   12   12   12   12   12   1	-3c-CO Marke Of	landge len	23d OCAT ON (City or Town)  ELKAL  BY REGISTRAR  25b REG STRAR	mil
30M PV 1768	("	JU 11 16 P 2	1 a the unit	munds he mandA	N 3 1969 PCLG	rela Perder

MAKTEAND STATE DEPARTMENT OF HEALTH





	, 1				O MOISINIO	E VITAL RECORDS	301 W. PRESTON S	TREET BALTIM	ORE. MARYLAND 2	1201		
-	- '			17306	DIVIDION 0	•	CERTIFICATE OF		one, minit mater a		17307	7
-	<u>=</u> 2-			CEASED-NAME First		Middle	Last		2a. DATE OF DEATH		4 176	2b. HOUR
	dearn and 2 death		. (1	ype ar print) .Lec	nr	nmn	Worms	ser	12 Month	5 Day	68 <sup>Year</sup>	7 PM
	Ter Ter		3. SE		4. RACE		S. DATE OF		6. AGE (In	years (	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.
				Male	Whi		7-13	.— <b>ERENÇO</b> 1	904 64"	YRS.	WHILE ONES	mooks ann.
	N T		7o E			WHAT COUNTRY?	8. MARRIED A NEVER MA	KKKIEU	COUNTY OF DEATH	_		
	75 Page 75			MQ.	U.S		<u> </u>	ORCED	Baltimo			Md
				ITY OR TOWN OF DEATH	11 alv	NAME OF HOSPITAL OR INS e street address)	STITUTION (If not in haspital	12a. USUAL C	OCCUPATION (Kind of wi	rk dane	126 KIND OF B	USINESS OR
-	and camptetely fremave carban any event, with	-	_	ndallstown		e street address) Balto Co.	Gen Hosp		of working title evan it		INDUSTRY RE	<u> </u>
	Sen Co			USUAL RESIDENCE (Where decease ssian) STATE Md.	d lived, it instit 13b COUNTY		Balto.	YES NO				
		,	14.6	ATHER'S NAME First	007.1.10			MAIDEN NAME First	1920 D	Middle	undo Valinda.	Lage
	and camptete remave carb	1	14. 1	Sigmond	Middle	Wormser		MAIDEN NAME PUST	XANNA	widdie		?
	ian ian ase		160	WAS DECEASED EVER IN U.S. ARMI	D FORCES?	16b. SOCIAL SECURITY I		DO OTTO AN		Address		
	PHTNICIAN: The law requires that the death certificate be executed to attending physician.  In certificate has been signed by the attending physician and compressitated for use as the burial-transit permit. Then please remare carb Dept. at Health priar to burial, crematian, ar remaval, and in any event,		Y	es, na, gr., aknawn)   (If yes give wa	ar dates at service)			A WORMSER	. 7926 DUNI		/I LLAGE	CIR.
	cert gg pl			1B. CAUSE OF DEATH (Enter any	one couse per	line for (a), (b), and (c)		_ 1			APPROX.M.	ATE INTERVAL ISET AND DEATH
7	attending permit. The			1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIAL	BY- E CAUSE (a)	Icute Co	ronaux	Inon	boars		On	e Day
-	attend attend permit. ian, ar r			4109	1 7	AS A CONSEQUENCE OF		A	1/			
-	the sit p			Conditions, if any/which gave	(6)	theros	clerotu /	Condi	6. Vase	elson	15	glass
-	an. by by ran			rise to immediate cause (a), stating the underlying cause	DUE TO, OF	AS A CONSEQUENCE OF	Dese	pel				
	equires that it physician. signed by the burial-transit burial, cremat			last.	(t)		·					
Ì	phy Sign			PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE OR CONE	DITION GIVEN IN PART 1	a)		
	nding been s the		NO.	7 5 11	Current Con I	In all about the same title be	Too I	Po boud	206. IF YES, WERE I	THE THE SECTION OF SECTION	DESTRUCTION OF CREATE	Trends o
-	Ans the law real or attending icate has been far use as the Health priar ta	×	CERTIFICATION	19a DATE OF OPERATION 19b C	UNDITION FOR V	VHICH OPERATION WAS PE	RFORMED 20a. AUI		CAUSES OF DEATH?	INDINGS CO	NOTOEKED IN CER	ATTING
F	re he he dith	.,	CERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME	OF INTURY			ature of injury in Part 1	or Parl 2 Its	am IR\	
	TSICIAN: The aspital or atte certificate has hed far use at the attention of the attention			OR CONTRIBUTING CAUSE OF DEATH	HOUR A.N	. Manth Day Year		CCORNED (LINE) NO	note of injury in tors t	ui (ui) 2, (i)	am tal	
	aspirent central control		MEDICAL	(If either, natify medical examine 21d INJURY OCCURRED 21e. I	PLACE OF INJURY			eet or R.F.D. No.	City or Town		Caunty	State
	_ <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del>			While Not while at work					·			
3				22a 1 certify that (I) (this saw the deceased ali	haspital) a	tended the decease	ed, from Decem	Jus, 1960	L, to Dean	Ru, 19_	6 & that	(I) (we) last
_	ced S: A Jid he S			saw the deceased ali causes stated abave,	ve an_se	(did not) view the	<b>Y</b> C, and that in (i	my) (aur) apinia	in death accurred a	n the dat	ë and haur a	nd from the
	retained retained ECTOR: / 3 shauld with the			22b. SIGNATURE.	(i) (we) (dit	) (did har) view the	budy unter death.			22c D.	ATE SIGNED	
	S S S S S S S S S S S S S S S S S S S			Bend	50	rolliar	OEGREE PHYS.	DING MED DIREC	CTOR STAFF [	] / 2	-5-6	8
	AL D Page e frie	1		22d. PHYSICIAN'S NAME (Type) C C (	1 6	PUDNE	R MD 220. AL	DORESS RO	- atento	ien 1	Elega	1,212-
6	D HUSPITAL OK ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	1	22-	BURIAL, (REMATION, 23b. D.			CEMETERY OR CREMATORY		23d. LOCATION (City or T	, ,	(Caunty)	(State)
:	Page 4 may to FUNERAL Didicator, page should be file		230	REMOVAL (Specify)	2-8-68		YOUNG MEN	2	BALTIMORE.		7 10	(sidie)
,	₩ ₩ VR A15 [4]	. 0	24	FUNERAL DIRECTOR		ADDRESS		250, RECD BY R	REGISTRAR 2Sb R	EGISTRAR'S S	IGNATURE	
	30M REV. 1.4		20	L LEVINSON & BR	US.,60	IU KEISTERS	TOWN KUAD	DATE DEC 1	LO 1968	(Clay	ter year	ge



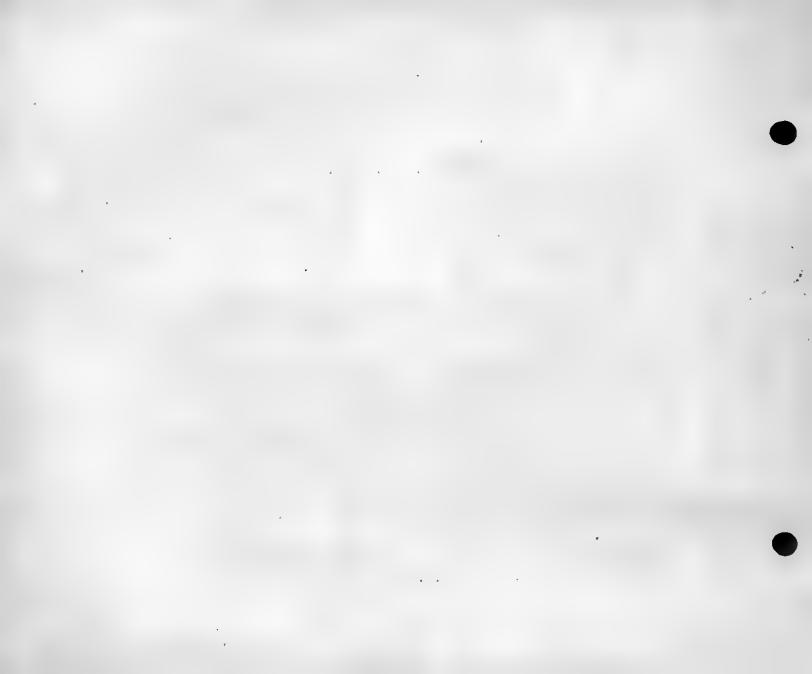
_		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		17207 CERTIFICATE OF DEATH 17308
er deoth.  tunerol  und 2	) (1 (1	ECEASED-NAME First EVZ Middle Wing Loss 20. DAIE OF OEATH 20. HOUR M
xecuted within 24 hours after deoth completely filled in by the functor nove carban papers. Pages and in y event, within 72 hours after deoth	3. SI	
in by the Pours Pours Pours		BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
nin 24 filled i pape thin 72	10 (	WIDOWED DIVORCED DIVORCED 13770 - Md  CITY QR TOWN OF DEATH, 12 IN NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR
within tely fill ban p ban p	6	Unite Hall give street oddress) Meredith Rd-during most of working life, even it refused) INDUSTRY Home
ecuted wit completely ove corbor y event, wi	13e odm	USUAL RESIDENCE (Where deceosed lived, if institution, Residence before list CITY OR TOWN, 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER // Particular institution, STATE 13b COUNTY Balton. White Hall YES NO Predicts Residence before list CITY OR TOWN, 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER // Particular institution, Country Balton. White Hall YES NO Predicts Residence before list CITY OR TOWN.
icote be executed within 24 husisicion and completely filled in please remove carban papers.	.14	FATHERS, NAME First T. Middle ENSOV IS MOTHER'S MAIDEN NAME First Middle Bull
errificote b physicion ren please noval, and i		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (es, no, opunknown) (It yes give war or dates of service) 2/6-07-55/5 Mrs. Beverly M. Corbett Stein 175 town, 231.3
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages and should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
of the or the onsit permation		Cond trans, if any, which gave nse to immediate couse (o). (b). Osler Scherotte About Algor 6 841
equires that t physician. signed by the buriol-transit		stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF (c)
v reguing phing ph	Z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
: The low rar ottending he has been use as the ofth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING YES NO TAUSES OF DEATH?
IAN: 1 fol or ficate for us f Heolf		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year
IDING PHYSICIAN:  1 by the hospitol or After this certificate 1 be detoched for us 5 State Dept of Heoli	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED Not while Not while at wark Not will at wark of the work of
O HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-tror should be filed with the State Dept of Health prior to buriol, created.		22a. I certify that (I) (this hospital) attended the deceased from
TO HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		22b. SIGNATURE  Lillian MD DEGREE ATTENDING MED. STAFF Dec. 13, 1968
SPITAL 4 moy IERAL or, pm	L.	22d. PHYS CIANS NAME (Type) William O. Futton, M. D 22e. ADDRESS Stewartstown, Pa.
TO HOSPITAL Poge 4 moy TO FUNERAL director, pmg should be fi		BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (Stote)
VR A15 (4) 30M REV 1/68	24/	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 3 SIGNATURE 2000 Par DATE DEC 18 1968 Clientes Junear



	1	I	sem23b por tele.	MAKTLAN	D STATE DEPARTMENT OF	HEALIN	
3"		rit	th FH 12/24/68	ASION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	IIMUKE, MAKTLAND 2120	17309
- Ar	Ė		CEASED NAME First ype or print)	Middle	lost	2a DATE OF DEATH	26, HOUR A
<b>3 3 3 3</b>	de de de		FRANCIS	CLOYD	ZECKMAN	12 Manth 23	.08 3:08W
the f		3. SE	MALE 4.	RACE While	5. DATE OF BIRTH 9-28-1	6. AGE (In years last buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
in by	z naur	7a. (	AIRTHPLACS (State or lareign 7b. (	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after lined by the hospital or attending physician.  OR: After this certificate has been signed by the attending physician and completely filled in by the facual defacted for use as the burial-transit permit. Then please remains derivant pages.	within /		ALTIMORE DEATH ONS	ON 11 NAME OF HOSPITAL OR IN		IAI OCHIPATION (Kind of work de	one 12h KIND OF RUSINESS OR
uted w mpletel	event, v		USUAL RESIDENCE (Where deceosed liversion)		HISC BITY OR TOWN / 13d INSIDE CITY		
and complete	h diny	14. 6	ATHERS NAME FIRST	Middle Last	15. MOTHER'S MAIDEN NAME	First Mad	Lost
nificate b hysician n pleoc	ol, and		WAS DECEASED EVER IN U.S. ARMED Frees, no. ar unknown) (If yes give wor ar do			Addres	Same
th certi	remav		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY			S	APPKOXIMATE INTERVAL BETWEEN ONSET AND GEATH
he death cer attending p	ian, or		15/9 IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF			
equires that the physician. signed by the burial-transit	remai		Canditions, if any, which gave) rise to immediate cause (a), stating the underlying cause(	(b) CARCICO DUE 10, OR AS A CONSEQUENCE OF	MA OF THE STOMA	CH	
equires the physician signed by burial-tra	<u>,</u>		last.	(c)			
iw required by the bull	TO DU	NO.	PART 2 OTHER SIGNIFICANT CONDITION	INS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(0)	
The law ratending e has been use as the	n prior	CERTIFICAT	19a DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?  YES NO	CAUCIC OF DEATUR	IGS CONSIDÉRED IN CERTIFYING
CIAN: ital ar ifficate far us	i Hean	¥	21o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 1		er noture of injury in Port 1 or Por	t 2, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospiral or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us	State Dept. of Health prior to Durlot, cremation, or remayal, and	MEE			CTORY.) 21f. LOCATION Street or R F.D. N	o. (ity ar Tawn	Caunty State
DING by the Affer to be do	e Stote		220. I certify that (I) (this ha	ospitol) ottended the deceos	ed from, 19, 19, and that in (my) (aur) of	inian death accurred an th	19, that (I) (we) last e date and haur and fram the
OR ATTENI be retained DIRECTOR: A	ŧ.		causes stated above, (1)	(we) (did) (did not) view the	body after deoth.		22c. DATE SIGNED
L OR / be re DIREC	M pall		2. Huch u	Jelson fr m	DEGREE ATTENDING PHYS. 22e. ADDRESS	DIRECTOR PHYS.	12-23-68
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should	ld be t			NTER WILSON, J	R.MD 803 ME	DICAL ARTS. H	
TO NO Page TO FUI	shau	Ľ	BURAL CREMATION, 23b DATE (EMOVAL (Specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RELAND Memoria	23d LOCATION (City or Town)	(Cody)) (Store)
VR A		24	MART TO LUAN	+ Con STAPORESS	Hartin Reson RECD		Carles Undet



MARYLAND STATE DEPARTMENT OF HEALTH



19 RESTAURT 13, 1965 - 2:35 gr The same of the same of the ATNO TENNOTHER ET ACT THE PLAN AUGUSTE SPINIST 14 15 60 00 Tes 5 Tes 60 00 100 60/4r/er 1 12/12/65 MARTE J. CLEEL, M.D. JE STATE OF STATE BELLIN, - CO MEACONSIDE MERCALA PARE VARIETY OF TURE, TOTALLY, ME SEED 3 1 0 3 PM DILLINE TORSING FREE JOHN AMERICAN TO SELECT MODERN AND SELECTION 
. Training the contract of the The second secon nemark uniquesellure almost sentuarity .- 11 -- 12 1011 1 2= 12 - 120 121 m 0 rom 242. = 125 \*\*. Stoke cost for it 10.00 cost in the co